



June 12, 2007

Los Angeles County
Board of Supervisors

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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF REPLACEMENT AGREEMENT WITH
BLUE CROSS OF CALIFORNIA AND AMENDMENT NO. 1 TO
AGREEMENT NO. H-213078 WITH CARE 1ST HEALTH PLAN
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services, or his designee, to execute a Replacement Agreement, substantially similar to Exhibit I, with Blue Cross of California, under which the Department of Health Services will provide hospital and professional emergency, inpatient and outpatient services to Blue Cross Medi-Cal and Healthy Families Members at Department of Health Services' facilities, effective July 1, 2007 through December 31, 2008, with automatic annual renewals for three years through December 31, 2011, upon written mutual agreement by both parties.
2. Approve and instruct the Director of Health Services, or his designee to:
a) execute Amendment No. 1 to Agreement H-213078, substantially similar to Exhibit II, with Care 1st Health Plan for the continued provision of hospital and professional inpatient and outpatient services to Care 1st Medi-Cal Members by Department of Health Services facilities, effective July 1, 2007, on a month-to-month basis not to exceed six months, through December 31, 2007, and b) delegate authority to the Director to negotiate and execute a Replacement Agreement effective the first day of the month following the date of successful contract negotiations by both parties through September 30, 2008, with automatic annual renewals for four years through September 30, 2012, upon written mutual agreement by both parties.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:

In approving the above actions, the Board is ensuring the continued provision of health care services by Department of Health Services' (DHS or Department) facilities at fee-for-service rates to Blue Cross Medi-Cal and Healthy Families Members and Care 1st Medi-Cal Members.

Implementation of Strategic Plan Goals

The above actions meet the County's Strategic Plan Goals of Fiscal Responsibility and Organizational Effectiveness by increasing the utilization of DHS facilities and thereby increasing revenue to DHS.

FISCAL IMPACT/FINANCING:

There is no net cost to the Department for these actions because the Replacement and Amendment Agreements will provide DHS with reimbursement at fee-for-service rates from Blue Cross and Care 1st. The reimbursement rates are on file with DHS and kept confidential in accordance with Health and Safety Code Section 1457.

The amount of revenue the Department will generate from these Agreements cannot be determined at this time because it depends on the number of Blue Cross and Care 1st patients actually being served by DHS facilities. During Fiscal Year (FY) 2005-2006, DHS facilities collected approximately \$4.3 and \$2.5 million under the existing Agreements with Blue Cross and Care 1st, respectively, for various dates of service.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

The Amendment and Replacement Agreements will allow access by Blue Cross Medi-Cal and Healthy Families Members and Care 1st Medi-Cal Members to DHS facilities for primary, specialty, inpatient, and emergency care. Such care provided is subject to County Code Section 2.76.130, Priority of Admissions.

Blue Cross of California

On July 17, 2001, the Board approved Agreement No. H-212817 with Blue Cross for the provision of hospital and professional inpatient and outpatient services to its Medi-Cal and Healthy Families Members. On subsequent occasions, the Board approved Amendments to extend the Agreement through June 30, 2007. The Department intends to enter into a Replacement Agreement with Blue Cross effective July 1, 2007 through December 31, 2008, with automatic renewals for three years through December 31, 2011, upon written mutual agreement by both parties.

Care 1st Health Plan

On October 2, 2001, the Board approved Agreement No. H-213078 with Care 1st effective upon Board approval and continued thereafter with automatic renewals through June 30, 2007.

DHS and Care 1st are continuing to negotiate the terms for the Replacement Agreement. Due to the protracted negotiations between DHS and Care 1st, the Department intends to extend the current Agreement effective July 1, 2007, on a month-to-month basis not to exceed six months, through December 31, 2007, to allow both parties to fully complete their negotiations and execute a Replacement Agreement, which shall be effective the first day of the month following the date of successful negotiations by both parties through September 30, 2008, with automatic annual renewals for four years through September 30, 2012, upon mutual written agreement by both parties.

As with the existing Agreements, the Replacement and Amendment Agreements for Blue Cross and Care 1st will comply with all applicable State laws and regulations.

Attachment A provides additional information.

The Honorable Board of Supervisors
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CONTRACTING PROCESS:

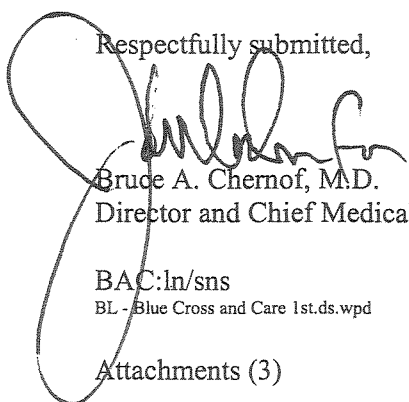
DHS facilities are the service providers under these Agreements, so it is not appropriate to advertise the Replacement and Amendment Agreements on the Los Angeles County Online Website.

IMPACT ON CURRENT SERVICES OR PROJECTS:

Approval of the Replacement and Amendment Agreements will maximize revenue to DHS for Blue Cross Medi-Cal and Healthy Families Members and Care 1st Medi-Cal Members who utilize DHS facilities.

When approved, the Department requires three signed copies of the Board's action.

Respectfully submitted,



Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:ln/sns
BL - Blue Cross and Care 1st.ds.wpd

Attachments (3)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

SUMMARY OF AGREEMENTS

1. TYPE OF SERVICE:

The Agreements allow Blue Cross Medi-Cal and Healthy Families Members and Care 1st Medi-Cal Members access to Department of Health Services' facilities for the provision of primary, specialty, inpatient, and emergency care at fee-for-service rates.

2. AGENCY NAMES AND CONTACT PERSONS:

Blue Cross of California
21555 Oxnard Street, Suite 12D
Los Angeles, California 90013
Attention: Dennis McKaig, Contracts Manager
Telephone: (818) 234-3291
Facsimile (FAX): (818) 383-1705

Care 1st Health Plan
1000 S. Fremont Avenue, Bldg. A-11
Alhambra, California 91803
Attention: Chief Executive Officer
Telephone: (626) 299-4299

3. TERM:

Blue Cross of California – The term of the Replacement Agreement is effective July 1, 2007 through December 31, 2008, with automatic annual renewals for three years through December 31, 2011, upon mutual agreement by both parties.

Care 1st Health Plan – The term of the Amendment is effective July 1, 2007, on a month-to-month not to exceed six months, through December 31, 2007. The Replacement Agreement will be effective the first day of the month following the date of successful contract negotiations by both parties with automatic annual renewals for four years through September 30, 2012, upon written mutual agreement by both parties.

4. FINANCIAL INFORMATION:

DHS will be reimbursed on a fee-for-service basis.

5. GEOGRAPHIC AREAS SERVED:

Countywide.

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

DHS Facility Administrators

7. APPROVALS:

Office of Managed Care: Teri Lauenstein, Director

Contracts and Grants: Cara O'Neill, Chief

County Counsel: Robert E. Ragland, Senior Deputy County Counsel

EXHIBIT I

BLUE CROSS OF CALIFORNIA

**MEDI-CAL MANAGED CARE, HEALTHY FAMILIES MEMBERS AND
ACCESS FOR INFANTS AND MOTHER (AIM) PROGRAMS**

**PARTICIPATING HOSPITAL
AGREEMENT**

For

**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES**

This Agreement ("Agreement") is made and entered into on the date executed by the County Board of Supervisors, and is between Blue Cross of California and Affiliates ("Plan") and the County of Los Angeles, on behalf of its Department of Health Services hospital system ("Hospital").

RECITALS

The parties are entering into this Agreement on the following premises:

Plan is a California corporation organized to provide or arrange for health care services on a prepaid basis. Plan is licensed under the California Knox Keene Health Care Service Plan Act of 1975 (the "Knox Keene Act") as a full service health care service Plan (HMO), to provide, arrange and pay for certain Inpatient and Outpatient services to Medi-Cal Managed Care, Healthy Families, and Access to Infants and Mothers (AIM) Programs beneficiaries enrolled with Plan pursuant to its contracts with the California Department of Health Services to provide Medi-Cal Managed Care program (MCMCP), also through the Los Angeles County Local Initiative ("Local Initiative") under the Local Initiative Plan Contract ("HCP Contract") and with a Managed Risk Medical Insurance Board ("MRMIB").

Hospital has as its primary objective the delivery of professional and general acute Inpatient and Outpatient health care services, all of which are duly licensed by the State of California Department of Health Services ("SDHS"). Hospital desires to participate in the Plan's network of health care providers which is offered to Medi-Cal Managed Care Members, Healthy Families and Access to Infants and Mother (AIM) program beneficiaries. The Hospital facilities to be covered under this Agreement are listed in Schedule "B", attached hereto and incorporated herein by reference.

Plan has contracts with the Managed Risk Medical Insurance Board ("MRMIB") to provide benefits to eligible persons through Blue Cross of California State Sponsored Business (BCCSSB) Healthy Families Program ("HFP") and Access for Infants and Mother ("AIM") Programs.

Plan and Hospital deem it in their respective best interests to enter into this Agreement.

This Agreement supercedes and replaces the Agreement entered into between Plan and Hospital on July 17, 2001.

This Agreement shall be subject to review and approval by SDHS, Local Initiative, and by the California Department of Managed Health Care ("DMHC") pursuant to the Knox Keene Act.

Hospital agrees that all Hospital and Professional services which it or its subcontractor render to Members shall be governed by the provisions specified in the HCP contract which is incorporated herein by reference.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

I. DEFINITIONS

Terms used throughout this Agreement are defined as follows:

Affiliate(s) - A corporation or other organization owned or controlled, either directly or through parent or subsidiary corporations, by Blue Cross of California, or under common control with Blue Cross of California.

Agreement Year - A period beginning at 12:01 a.m. on the effective date of the Agreement and ending at midnight on December 31 of the same year. For any subsequent year the Agreement Year shall mean a period beginning at 12:01 a.m., January 1 and ending at midnight on December 31, in the same year.

Authorization - The procedure for obtaining Plan's prior approval or otherwise notifying Plan in advance for all Covered Services, except for services rendered with respect to an Emergency.

Benefits - Those health care services for a Member which the Plan is required to provide, arrange or pay for pursuant to the terms of the applicable (Health Services Contract), HCP Contract.

Contract holder - That entity with which Plan has a Health Services Contract.

Covered Services - The hospital and professional services described in Schedule "A" which are covered by the applicable (Health Services Contract) and which Hospital agrees to make available to Members in accordance with this Agreement.

Date of Payment - Date of receipt by Hospital of Plan's payment for Covered Services.

Day of Service - A measure of time during which a Member receives Covered Services and which occurs when a Member occupies a bed as of 12:00 midnight or when a Member is admitted and discharged within the same day, provided that such admission and discharge are not within twenty-four (24) hours of a prior discharge.

Director - The Director of the County's Department of Health Services who shall administer this Agreement on behalf of Hospital either personally or through an authorized designee.

Emergency - Those conditions defined in Health and Safety Code Section 1317.1, as amended, including, but not limited to, a medical condition manifesting itself by acute systems of sufficient severity (including, without limitation, severe pain) such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention would result in:

- (1) Placing the patient's health in serious jeopardy,
- (2) Serious impairment to bodily functions,
- (3) Other serious medical consequences, or
- (4) Serious and/or permanent dysfunction of any bodily organ or part; or
- (5) With respect to a pregnant woman who is having contractions:
 - (i) that there is inadequate time to effect a safe transfer to another hospital before delivery; or

- (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

The definition of Emergency shall also include those conditions as defined in Title 42 of The Code of Federal Regulations Section 489.24(b), as amended.

Emergency Services and Care - Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an Emergency exists or active labor exists, and if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the Emergency, within the capability of the facility. Except as set forth below, Emergency Services and Care also means an additional screening, examination, and evaluation by a physician, or other personnel to extent permitted by applicable law and within the scope of licensure and clinical privileges, to determine if a psychiatric emergency exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency, within the capability of the facility, and as set forth in Section 1317.1 of the Health and Safety Code, as amended. Emergency services and care does not include those psychiatric services that are not covered under the Health Services Contract.

Health Services Contract - The contract between Plan and the Contract holder that establishes the Benefits that Member's are entitled to receive from the Plan.

Hospital Services - Those inpatient and outpatient services provided by a hospital, or other facility as appropriate, which are covered by the Health Services Contract and offered pursuant to and consistent with the license, certification, or accreditation of facility and as set forth in Schedule "A" which is attached hereto and incorporated herein.

Inpatient - A person admitted to a hospital as a registered inpatient with the expectation that he or she shall receive care overnight in an acute bed.

Medically Necessary - Services or supplies which, under the provision of this Agreement, are determined to be:

- 1) Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition; and
- 2) Provided for the diagnosis or direct care and treatment of the medical condition; and
- 3) Within standards of good medical practice within the organized medical community; and
- 4) Not primarily for the convenience of the Member's physician, or any other provider, and
- 5) The most appropriate service or supply which can safely be provided. To be the most appropriate service or the following criteria must be satisfied: (i) there must be valid scientific evidence demonstrating that the expected health benefits from service or supply are clinically significant and produce a greater likelihood of benefit for the Member with the particular medical condition being treated than other possible services or supplies; and (ii) generally accepted forms of treatment that are less invasive have been tried and found to be ineffective or are otherwise unsuitable; and (iii) the service or supply is no more likely to be harmful to the Member or to

expose the Member to risk or complication than other services or supplies that could be prescribed under the same circumstances; and (iv) for Inpatient hospital stays, this means that acute care is necessary due to the kind of services the Member is receiving or the severity of the Member's condition, and safe and adequate care cannot be received by the Member as an Outpatient or in a less intensified medical setting.

Member - A person who satisfies the eligibility requirements of the Health services Contract, who is enrolled and accepted by the Plan.

Outpatient - A person receiving medical care, under the direction of a Plan Provider, but not as an Inpatient.

Health Care Plan (HCP) - All references to HCP throughout this Agreement shall mean the applicable Blue Cross Medi-Cal, Healthy Families and Access for Infants (AIM) and Mothers Managed Care Programs.

Physician - A person licensed to practice as a physician or surgeon in the State of California.

Plan Hospital - A hospital licensed under applicable state law, contracting with Plan specifically to provide Hospital Services to Members.

Plan Provider - A Provider who has agreed to provide certain services which are Plan Benefits to Members in accordance with the Provider's agreement with Plan or with another Plan Provider ("Plan Provider Contract").

Primary Care Physician (PCP) - A general practitioner, board certified or board-eligible family practitioner, internist, obstetrician gynecologist or pediatrician who agrees to provide primary care Benefits to Members and to refer, supervise and coordinate the provision of all Benefits to Members in accordance with their Health Services Contract.

Professional Services - Those Inpatient and Outpatient services covered by the Health Services Contract and provided by a Physician as set forth in Schedule "A".

Provider - A Physician or other licensed medical practitioner, medical group, hospital or other licensed health facility, or other person or entity duly qualified to provide medical care in accordance with applicable State and Federal law, the applicable Health Services Contract, and Plan Provider Contract.

Provider Operations Manual (POM) - The Plan's Medi-Cal Managed Care Program Provider Operations Manual, which may be revised from time to time, incorporated herein by this reference.

Specialist - A board-certified or eligible Physician, other than a PCP, who agrees to be a Plan Provider to provide Covered Services to Members on referral by a PCP or by the Plan.

Surcharge - An additional fee which is charged to a Member for a Benefit which is not provided for in the HCP Contract.

Urgent Services – Services required to prevent serious deterioration of health following the onset of an unforeseeable condition or injury (i.e. sore throats, fever, minor lacerations, and some broken bones).

II. HOSPITAL OBLIGATIONS

- 2.1 Covered Services. Hospital shall provide, or arrange for the provision of, Covered Services to members which are Medically Necessary, according to the terms of the Health Services Contract and this Agreement. All Covered Services provided by or arranged to be provided by Hospital are available to all Members and are included in the rates as set forth in Schedule C, which is attached hereto and incorporated herein on reference. This shall include Inpatient and Outpatient, Hospital and Professional services as offered pursuant to and consistent with the licensure of Hospital.
- 2.2 Availability. Hospital shall ensure that Covered Services are readily available during regular business hours as is customary for the Hospital and that Emergency Services and Care are available twenty four (24) hours per day, seven (7) days per week, including holidays, at those Facilities providing such services in accordance with Schedule "A." Hospital shall provide, or arrange for the provision of, Covered Services to Members in the same manner, in accordance with the same standards, and within the same time availability as such services are provided to other patients, and without regard to the degree or frequency of utilization of such services by a Member in accordance with and subject to the terms of this Agreement.
- 2.3 Standard of Care. Hospital shall comply with all applicable Federal and State laws governing the provision, or arrangement for the provision, of Hospital Services, including health facility licensing requirements administered by SDHS, and shall provide Covered Services in accordance with generally accepted hospital standards at the time services are rendered, including, but not limited to, those established by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Hospital shall participate in Plan's Quality and Utilization Management Programs and abide by decisions made by such programs, as set forth in the POM heretofore provided to Hospital by Plan, or as directed by the Plan's Quality Improvement Committee/Medical Director.
- 2.4 Facilities Licensure and Accreditation. As a material term of this Agreement, County warrants and represents that its Hospitals are, and further warrants that its Hospitals will continue to be, as long as this Agreement remains in effect, the Holders of valid, unrestricted licenses to operate in the State of California. In the event a single County Hospital loses JCAHO accreditation, Blue Cross shall not terminate this Agreement, but may suspend participation of such Hospital in the Blue Cross network until such time Hospital obtains JCAHO accreditation. Upon receipt of JCAHO accreditation, Hospital shall notify Plan of the accreditation and Plan shall then reinstate facility as a participating hospital in the Plan's provider network.
- 2.5 Verification of Eligibility. Hospital shall verify a Member's eligibility upon inquiry by Hospital. Plan shall provide Hospital with all methods of verifying eligibility for

Members in Los Angeles County. These methods, which are to be available 24 hours a day, 7 days a week, are the Plan's Customer Care telephone line (888-285-7801) for Medi-Cal beneficiaries enrolled with the Plan and online verification (www.bluecrossca.com/home-providers.html). In the event that the Hospital determines that Plan erroneously identified a Medi-Cal beneficiary as a Member, Plan shall timely notify Hospital of the responsible party for billing purposes.

- 2.6 Referrals and Notification of Admissions. Except as set forth in this Agreement, Hospital shall notify Plan prior to: (1) rendering services and care, except for Emergency Services and Care, Urgent Services and care, related thereto to or on behalf of a Member, and (2) referring or transferring a Member to any Specialist, another Hospital or other Provider other than a PCP or other Plan Provider. Notification by Hospital to Plan shall be in accordance with Schedule F, which is attached and incorporated herein by reference, as applicable.
- 2.7 Contracting. Hospital may contract with other Plan Providers, providers and health plans, including, but not limited to, health plans responsible for furnishing Health Care Services to Medi-Cal beneficiaries under contract with Local Initiative and/or the State of California (e.g. the California Medical Assistance Commission or SDHS).
- 2.8 Facilities and Equipment. Hospital shall provide and maintain, or arrange to provide and maintain, facilities and equipment which are of adequate capacity, clean, safe, and readily accessible when providing Covered Services to Members and, where appropriate, properly licensed and/or registered. If Hospital, or the County Board of Supervisors, or both, as part of its annual budgeting process or for other financial purposes determines not to appropriate sufficient monies to fund operations listed on Schedule "A," or at one or more of the Facilities listed on Schedule "B" both of which are attached hereto and incorporated herein by reference, this Agreement shall terminate automatically with respect to the operations listed on Schedule "A", or the Facilities affected only, on the effective date of such Hospital or Board Action. Director shall give written notice to Plan of the Board's action as soon as reasonably possible thereafter. Upon such hospital or Board action, Schedule "A", or Schedule "B", or both, shall be deemed automatically amended as appropriate.
- 2.9 Administrative Services. Hospital shall perform or contract for all services incident to the administration of Hospital's responsibilities in accordance with this Agreement and as set forth in the POM. Hospital shall provide Plan with the names, addresses, telephone and facsimile numbers of Hospital's Administrator, Business Office Manager, Medical Staff Manager, Utilization Management and Quality Improvement Manager, and shall notify Plan of any changes thereto.
- 2.10 Plan Grievance Procedures. Hospital shall cooperate with Plan in identifying, processing and resolving all Member complaints and grievances pursuant to the grievance procedures set forth in the POM. Hospital and Hospital's Physician, or other staff as appropriate, shall be entitled to respond to any Member grievance for due consideration in resolving such grievance and agrees to use the same grievance procedure described in the POM.

- 2.11 Termination of the Hospital/Patient Relationship. Hospital may not, without advance review by Plan, refuse admission or treatment or terminate its relationship with a Member because of such Member's medical condition, or the amount, type, or cost of Benefits that are required by the Member. Any such refusal or termination of services shall be first submitted to the Plan for review.
- 2.12 Required Disclosures. Hospital shall notify Plan immediately in writing upon the occurrence or disclosure of any of the following events:
- a. Hospital's license as a health facility in California or its JCAHO accreditation is suspended, revoked, terminated or subject to terms of probation, restriction or provisional status; or
 - b. An act of nature or any event beyond Hospital's reasonable control occurs, which substantially interrupts all or portion of Covered Services of Hospital or which otherwise has a materially adverse effect on Hospital's ability to perform its obligations hereunder; or
 - c. Hospital significantly reduces or restricts the number or type of beds or services it offers, whether Inpatient or Outpatient; or
 - d. Hospital fails to maintain the insurance coverage required under Article VII of this Agreement, or to replace coverage which is canceled or terminated, as specific therein;
 - e. Any other situation arises which could reasonably be expected to materially and adversely affect Hospital's ability to carry out its obligations under this Agreement.
- 2.13 Provider Operations Manual (POM). Hospital shall comply with the standards and procedures set forth in the POM, Plan may change or add to the Provider Operations Manual from time to time in accordance with applicable law. Where the POM conflicts with this Agreement, this Agreement shall supercede.
- 2.14 Discharge Summaries and Encounter/Claims Data. Hospital shall not be required to submit to Plan any medical records and or/discharge summaries for Authorized services. Hospital shall provide Plan with medical records and/or discharge summaries for Covered Services provided by Hospital which were denied Authorization by Plan in accordance with section 1(f) of Schedule F.

Notwithstanding any other provision in this Agreement, Plan acknowledges and accepts as satisfactory during the term of this Agreement, Hospital's billing in a non-itemized format with an all-inclusive charge, which includes Hospital Services and Professional Services for Covered Services rendered to a Member.

All encounter data, for the purpose of this Agreement, shall be provided solely in the UB-92 format or its successor form as is customary for Hospital.

- 2.15 Plan Provider List. Hospital agrees that Plan may list the name, services, address and telephone number of Hospital in Plan publications for purposes of informing Members and Plan Providers of the identity of participating Hospitals

and otherwise carrying out the terms of this Agreement. Plan and Hospital each reserve the right to control the use of its name, symbols, trademarks, or service marks presently existing or later established. In addition, except as provided in this Paragraph, neither Plan nor Hospital shall use the other's name, symbols, trademarks, or service marks in advertising or promotional materials or otherwise without the prior written consent of that party and shall cease any such usage immediately upon written notice of the party or upon termination of this Agreement, whichever is sooner.

- 2.16 Linguistic Services. Hospital shall designate, in schedule "D", attached here to and incorporated herein by reference, the linguistic services to be provided to Members and the means by which the Hospital plans to provide such services. Hospital hereby represents and warrants that any such services are and will be provided in accordance with State and Federal law.
- 2.17 Obstetrical Admissions. Hospital agrees that in the case of an obstetrical admission, Hospital may bill for each day of service where Covered Services were provided to both a Member and her newborn. However, in the event that the newborn was placed in intensive care, Hospital may bill Plan for each day of service provided. For newborns that remain at the Hospital beyond the date of the Member's discharge, Hospital shall be compensated for each additional Day of Service for each day that the newborn was in the Hospital.
- 2.18 Offsets: Payment Corrections and Right of Recovery. Hospital shall refund to source of the overpayment, either Plan or Plan Provider within 180 days, all duplicate or erroneous Claim payments after verification by Hospital any amount paid by Plan determined subsequently to be an overpayment, regardless of the cause. If Hospital fails to refund the overpayment within 180 days, then Plan may offset future Claims or other payments due Hospital. Plan shall correct and pay to Hospital all underpayments of amounts due by Plan under this Agreement regardless of the cause. This Section shall survive the termination of this Agreement. Hospital shall have 180 calendar days from receipt of such notice to respond to Plan in writing of any dispute thereof. Should Hospital fail to timely respond to Plan of any purported overpayment, such overpayment shall be considered indebtedness.
- 2.19 Access for Infants and Mothers (AIM). In accordance with the requirements of the United States Pro-Children Act of 1994 (Public Law 103-227; Title 20, U.S. Codes, Section 6081 et seq.), Hospital shall not allow smoking within any portion of any indoor facility used by Hospital for the provision of health services for children.

III. PLAN OBLIGATIONS

- 3.1 Provider Operations Manual (POM). Plan shall make available to Hospital the Provider Operations Manual, describing Plan policies and procedures. The Provider Operations Manual, which is incorporated herein by reference, shall be updated by Plan from time to time. The Plan will Provide Hospital with notice of such changes pursuant to Section 4.8.

- 3.2 Identification Card. Plan shall issue Plan identification cards to Members as set forth in the POM.
- 3.3 Eligibility Determination. Plan shall timely confirm Member's eligibility to receive covered services to Hospital upon request and in accordance with requirements set forth in Section 2.5 and Schedule "F".
- 3.4 Authorization of Referrals and Admission. Plan shall timely provide Authorization to Hospital upon request for referrals, admissions, and length of stay for the provision by Hospital of Covered Services and other services as set forth in Schedule "F".
- 3.5 Administrative Services. Plan shall perform or contract for those services incident to the administration of the Health Services Contract, including, but not limited to, the processing of enrollment applications, assignment of Members to their PCPs, and the administration of claims for Benefits.

IV. COMPENSATION

- 4.1 Payment of Hospital by Plan. Plan shall pay Hospital for Covered Services set forth in Schedule "A" rendered by or through Hospital to Members at the rates and in accordance with the procedures set forth in Schedule "C".
- (a) Reimbursement for uncontested claims must be made (by the Plan) and received by the Hospital at the claimant Hospital's address of record within 30 working days or be made by a Plan Provider within 45 working days of receipt of such claims. Should the claimant Hospital not receive payment within the respective 30 or 45 working day periods, Plan shall pay claimant Hospital the greater of fifteen dollars (\$15) per year or interest at the rate of 15% per annum beginning with the first calendar day after the 30 or 45 working day period, pursuant to California Health and Safety Code Section 1371.35.
- (b) In reference to compensation for Outpatient services, Hospital will notify Blue Cross of any and all changes to Hospital's CDM effective on January 1, each subsequent year that results in an average annual aggregate percentage increase to the Outpatient services of more than six percent (6%). Such notification shall be sent in accordance with Section 9.15, to Blue Cross no later than thirty (30) days prior to said change to the CDM. Any and all changes in excess of the agreed aggregate 6% increase to the Outpatient services during the term of this agreement will result in a corresponding offset to the required payment which would result in a revenue neutral payment to the Plan based on the agreed upon contract rate.
- 4.2 Prohibition Against Member Billings and Collections. Under no circumstances shall Hospital bill a Member for Benefits, or send a Member a statement of amounts owed Hospital by Plan. Hospital agrees to accept the rates set forth in Schedule "C" as payment in full for Covered Services rendered to Members by or on behalf of Hospital. Hospital agrees that it shall not seek from the Member any Surcharge or other additional payment not provided for in the Member's Medi Cal

Benefits. Members shall not be liable to Hospital for any sums owed to Hospital by Plan. These prohibitions shall apply in all circumstances, including, but not limited to, non payment by Plan, Plan's insolvency or breach of contract, or the termination or rescission of this Agreement. These prohibitions shall not apply to billing for non Covered Services, as permitted by Section 4.3.

- 4.3 Non-Covered Services. Hospital agrees that it shall seek from the Member any surcharge or other additional payments not provided for in the Member's Medical Benefits.
- 4.4 Third Party Collections. Hospital shall not assert a lien or other right of recovery against workers' compensation or personal injury claims or liability insurance, and shall promptly notify DHS in accordance with the Provider Operations Manual.
- 4.5 Care to Canceled or Ineligible Persons. It is acknowledged that Plan cannot control SDHS placement of a HCP Member in a pending or "hold" status or the retroactive disenrollment of a HCP Member. No payments shall be owed by Plan with respect to any person who was or is seeking to be a HCP Member so long as that individual is in a "hold" status with SDHS or for any period for which SDHS has retroactively canceled that person's coverage under the Health Services contract.

Plan may adjust Hospital's compensation to account for retroactive disenrollment/cancellations by SDHS or the applicable County Local Initiative no more than one hundred and eighty (180) days from Member's discharge from Hospital or Member's last visit date, and shall explain such adjustments in its reports to Hospital. Plan shall provide Hospital written notification of its intent to adjust Hospital's compensation. Hospital shall have (45) working days to submit a written dispute to Plan if Hospital does not believe an overpayment has occurred. Plan shall treat said overpayment issue as a provider dispute. If Hospital does not dispute the overpayment, Hospital shall reimburse Plan within forty-five (45) working days of receipt of said notice, or Plan may recoup uncontested overpayment by offsetting from other compensation payments due to Hospital.

- 4.6 Billing Format. Hospital shall bill Plan within one hundred eighty (180) days from the date of discharge for Covered Services rendered on an Inpatient basis and one hundred eighty (180) days after the end of the month in which Covered Services were rendered on an Outpatient basis. For claims over one year from the date of service or one year from the visit date, Hospital may submit original claims to Plan when tardiness is due to:
 - a. Court decisions
 - b. Fair Hearing decisions
 - c. County administrative errors in determining recipient eligibility
 - d. Medicare/Other Health Coverage delays
 - e. Other circumstances beyond the provider's control
 - f. Inability to determine eligibility

Hospital shall bill on forms in accordance with Universal Billing Form 92 (UB92) as set forth in Schedule G", or its successor forms as is customary for Hospital.

Plan is aware of and accepts that Hospital utilizes all-inclusive per diem billing and does not provide itemized statements.

- 4.7 Timeliness of Payment. Plan shall pay Hospital within thirty (30) Working Days of receipt of a clean claim submitted in accordance with Section 4.6 unless the bill or substantial portion thereof, is contested by Plan, in which case Hospital shall be notified in writing within thirty (30) Working Days with an appropriate explanation of the basis for the Plan's contesting the claim. The term "contested claim" in this paragraph has the same meaning as in the California Health and Safety Code, Section 1371.
- 4.8 Changes to Provider Operations Manual (POM). Notwithstanding any provision herein to the contrary, Plan agrees not to change any material term of the POM unless (a) Plan has given HOSPITAL at least ninety (90) days, prior notice of such changes (except for any changes necessary to comply with state or federal law or regulations or any accreditation requirements of a private sector accreditation organization and a shorter timeframe is required for compliance), and (b) such change (except for any change necessary to comply with state or federal law or regulations or any accreditation requirements of a private sector accreditation organization) has first been negotiated and agreed to by HOSPITAL. If HOSPITAL does not notify Plan within forty-five (45) business days after receipt of Plan's notice that it desires to negotiate the change (except for changes necessary to comply with state or federal law or regulations or any accreditation requirements of a private sector accreditation organization). If HOSPITAL does so notify Plan and the parties are unable to agree to such changes by the fifteenth (15) day prior to the effective date of the change, COUNTY may terminate this Agreement as of the effective date of change upon prior written notice give to Plan no later than the twelfth (12th) day prior to the effective date of change, notwithstanding the provisions of this Agreement. If COUNTY does not so terminate this Agreement, COUNTY shall be subject to the change in the POM, policy or procedure document from and after its effective date.

V. QUALITY AND UTILIZATION MANAGEMENT

- 5.1 Plan's Responsibilities. Plan is obligated under law to conduct quality and utilization management activities that identify, evaluate and remedy problems relating to access, continuity and quality of care, utilization and the cost of services. Accordingly, Plan shall conduct a quality and utilization management program as set forth in the POM. Plan's program shall include the establishment of peer review committees to conduct quality of care and utilization review activities in accordance with the California Health and Safety Code Sections 1370 and 1370.1. All quality and utilization management forms, records and other information in Plans possession shall remain the property of Plan and shall remain confidential.
- 5.2 Hospital's Responsibilities. Under mutual agreement, Hospital shall cooperate with Plan in monitoring quality and utilization management activities in accordance with the terms of this Agreement. The primary purpose of the quality assurance and utilization review is to evaluate the quality of services provided to

Members and to monitor the utilization of such services by Members. A copy of the Quality Assurance and Utilization Review System will be provided. Such cooperation may include, but is not limited to, allowing on-site visits for the purpose of the facility site review, medical records review, participating in studies and surveys, copying or allowing copies to be made of patient's records, submitting encounter data for fee-for-service encounters and reports as requested by Plan.

- 5.3 Physician Credentialing. Physicians, nurses, and other appropriate staff of Hospital, as providers of Hospital-based services (not clinic services) under this Agreement, shall not be subject to any Plan credentialing/re-credentialing process, including, but not limited to, Plan's credentialing process as set forth in the POM.
- 5.4 Joint Operations Meetings. The parties shall meet in good faith on an ongoing basis and as needed to ensure proper implementation of the terms of this Agreement. The first meeting of representatives of the parties shall be within 45 days after execution of this Agreement.

VI. RECORDS

- 6.1 Member's Medical Record. Hospital shall ensure that a central medical record is established and maintained for each Member who is a patient of Hospital, which shall include all Hospital's information about the Member and a description of all services rendered to the Member that generally accepted medical and surgical practices and standards and the POM may require.
- 6.2 Access to Hospital Records. Subject to compliance with applicable Federal and State laws and appropriate professional standards regarding the confidentiality of medical records, Hospital shall assist Plan in achieving continuity of care for Members through the appropriate sharing of medical records for services rendered to Members. Hospital's obligation under this Section 6.2 shall be limited to the following:
- (a) providing Plan with copies of Members medical records that are in custody of Hospital; and
 - (b) upon reasonable request allow Plan authorized personnel access to such records on Hospital's premises during regular business hours; and
 - (c) transmitting information from Member's medical records by telephone to Plan for purposes of Authorization and upon reasonable request other quality and utilization management activities; and
 - (d) upon reasonable request, providing copies of a Member's medical records to any other Plan Provider treating such Member.
- 6.3 Access to Financial Records. Plan shall have access at reasonable times, upon demand, to the books, records and documents of Hospital relating to Covered Services provided and with prior written notice by Hospital to Members, including,

but not limited to, any charges to, or payments received from, Members by Hospital.

- 6.4 Confidentiality. Plan and Hospital agree to keep confidential and to take precautions as is customary for each party to prevent the unauthorized disclosure of any and all medical and/or contractual records and information required to be prepared or maintained by Hospital or Plan under this Agreement.
- 6.5 Regulatory Compliance. Hospital shall maintain such records and provide such information to Plan, the United States Department of Health and Human Services, SDHS, Department of Justice (ADOJ) and DMHC as may be necessary for compliance by Plan with Federal and State law including, but not limited to, the California Knox-Keene Health Care Service Plan Act of 1975, as amended, and the rules and regulations duly promulgated there under, for a period of at least five (5) years from the close of Hospital last July1 - June 30 fiscal year in which this Agreement was in effect. This obligation of Hospital does not cease upon termination of this Agreement whether by rescission or otherwise. All records, books and papers of Hospital pertaining to Members shall be open to inspection during normal business hours by Plan and State and Federal authorities. Plan shall make it's best efforts to provide Hospital with a copy of any survey, report or other document submitted to SDHS, or DMHC, or both, which includes some or all of the following information within thirty days following submission: inpatient and outpatient payments, and the number of paid days for any given period (i.e. calendar year, fiscal year, etc.) as between Plan and Hospital.
- 6.6 Ownership and Access to Records. Ownership and access to medical records of Members shall be controlled by applicable law.

VII. INSURANCE

- 7.1 Insurance. Plan and Hospital each shall secure and maintain self-insurance acceptable to the other, or other insurance to conduct business in the State of California, including, but not limited to, medical malpractice and general liability insurance to insure it and its partners, shareholders, officers, members, employees and agents in accordance with Schedule "E". Where applicable, the party shall provide certificates of self insurance as requested by the other, and, with respect to any self-insurance by Hospital, shall in accordance with the POM give Plan written notice at least thirty (30) days prior to cancellation or other termination or reduction of coverage under such policy.

VIII. TERM AND TERMINATION

- 8.1 Term. When executed by both parties, this Agreement shall become effective July 1, 2007 and remain in effect until December 31, 2008 and shall renew automatically thereafter for successive, one year periods until December 31, 2011. This Agreement shall not renew if either party gives the other at least one hundred eighty (180) calendar days written notice of non renewal prior to the end

of any successive Agreement Year. If Hospital gives notice of non-renewal, and after exerting its best efforts, Plan does not have another Plan Hospital with comparable services within ten (10) miles of any hospital, this Agreement shall extend an additional sixty (60) calendar days, after what otherwise would be the termination date.

8.2 Termination for Convenience. Either party may terminate this Agreement, with or without cause, by giving the other party at least one hundred eighty (180) calendar days written notice.

8.3 Termination for Breach. In the event of a material breach of this Agreement by one party, the other party may terminate this Agreement by giving the breaching party at least thirty (30) calendar days written notice, after having given that party at least thirty (30) days written notice and that party failed to cure the breach within such 30 day period.

8.4 Effect of Termination. As of the date of termination, this Agreement shall be considered of no further force or effect whatsoever and each of the parties shall be relieved and discharged from their respective obligations under this Agreement, except that:

(a) Termination shall not affect any rights or obligations hereunder which have previously accrued or shall hereafter arise, with respect to any occurrence prior to termination and such rights and obligations shall continue to be governed by the terms of this Agreement.

(b) Hospital agrees, at Plan's option, to continue to provide Covered Services to Members who are receiving care and treatment at Hospital as Inpatients or Outpatients related to Covered Services at the date of termination until the completion of such treatment or evaluation or until Plan arranges for the transfer of the Member to another Provider. Hospital shall be compensated for Benefits rendered in accordance with the fees set forth in Schedule "C" and "C-1".

(c) Except for the cost of the arbitrator and arbitration fees, each party shall be responsible for their own costs of completing any arbitration proceedings initiated pursuant to this Agreement as set forth in Section 9.13, including requests for arbitration of disputes arising between the parties after the effective date of termination.

(e) Hospital shall maintain such records and provide such information to Plan as set forth in Article VI of this Agreement. These records shall be maintained for at least five (5) years regardless of the termination date of this Agreement.

8.5 Immediate Termination. Except as set forth in section 2.8, after reviewing pertinent information, Plan may, at its option, immediately terminate this Agreement by written notice, upon the occurrence of any of the conditions described in any paragraph in Section 2.12, or if Hospital is determined not

to be in compliance with Section 2.3, or if Plan determines that the health, safety or welfare of its Members is jeopardized by continuation of this Agreement.

IX. MISCELLANEOUS PROVISIONS

- 9.1 Conflict of Interest. No County employee whose position in County enable such employee to influence the County's execution or administration of this Agreement or any competing agreement, and no spouse or economic dependent of such employee, shall be employed knowingly in any capacity by Plan or have any other direct or indirect financial interest in this Agreement. Each party to this Agreement shall comply with all conflict of interest laws, ordinances and regulations now in effect or hereafter to be enacted during the term of this Agreement. Each party warrants that it is not now aware of any facts which create a conflict of interest. If either party hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the other party. Full written disclosure shall include without limitation, identification of all persons implicated and a complete description of all relevant circumstances.
- 9.2 Termination for Improper Consideration. County may, by written notice to Plan, immediately terminate the right of Plan to proceed under this Agreement if it is found that consideration, in any form, was offered or given by Plan, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment, or extension of the Agreement, or the making of any determination with respect to Plan's performance pursuant to the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Plan as it could pursue in the event of default by Plan.
- Plan shall immediately report any attempt by a County officer, employee, or agent to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-0914 or (800) 544-6861. Among other items, such improper consideration may take the form or cash, discounts, service, the provision of travel or entertainment, or tangible gifts.
- 9.3 Plan's Acknowledgment of County's Commitment to Child Support Enforcement. Plan acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Plan understands that it is County's policy to encourage all County contractors to voluntarily post County's "L.A.'s Most Wanted: Delinquent Parents" poster in a prominent position at Plan's places of business. County Child Support Services Department will supply Plan with the poster to be used.
- 9.4 Partial Invalidity. If for any reason, any provision of this Agreement is held invalid, the remaining provisions shall remain in full force and effect.

- 9.5 Waiver of Breach. The waiver of any breach of this Agreement by either party shall not constitute a continuing waiver of any subsequent breach of either the same or any other provision of this Agreement.
- 9.6 Schedules. All Schedules referenced in this Agreement, including those listed on the Table following the signature page, are incorporated herein by this reference.
- 9.7 Amendment. Unless otherwise specifically provided herein, this Agreement shall be amended only by mutual written consent of Plan and Hospital's duly authorized representatives by following the same formalities and procedures utilized in Agreement's original execution. Notice to, or consent of, Members shall not be required for any amendments to this Agreement. Notwithstanding the foregoing and section 4.8, in the event that a change or addition to this Agreement is mandated by a Federal, State or other statute, regulation or regulatory agency, written consent of the parties shall not be required to amend this Agreement in accordance with such mandate, except when such change or addition materially revises a Hospital duty or responsibility hereunder, with a consequent material increase in Hospital costs, Plan shall, whenever possible, notify Hospital of any such amendment (the "Notification Amendment") thirty (30) calendar days prior to its effective date.
- 9.8 Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of California. Enforcement of section 9.13 of this Agreement is to be governed by California Code of Civil Procedure section 1280, et seq., including section 1281.2(c). Plan is subject to the requirements of the Knox Keene Act, as amended, (Chapter 2.2 of Division 2 of the Health & Safety Code), and the rules and regulations duly promulgated there under (Title 28, Division 1, Chapter 1 of the California Code of Regulations), and any provision required to be in this Agreement by such statutes or regulations is incorporated herein by reference and is binding on both parties).
- 9.9 Effect of Changes in Law. Where a change in applicable law or regulation requires modification to this Agreement, or any Schedules hereto and incorporated herein by reference to this Agreement, including, but not limited to, the POM, or Plan otherwise seeks to change the POM, either party, or the Plan as the case may be, may submit to the other in accordance with the notice provisions in section 9.15 the proposed modification
- 9.10 Entire Agreement. This Agreement, together with the Schedules hereto and the POM incorporated herein by reference, contains the entire Agreement between Plan and Hospital relating to the rights granted and the obligations assumed by the parties concerning the provision of Covered Services by Hospital to Plan Members. This Agreement supersedes all prior agreements, either oral or in writing, with respect to the subject matter hereof.
- 9.11 Independent Parties. In the performance of the work, duties and obligations assumed under this Agreement, it is mutually understood and agreed that each party, its agents, employees or representatives are at all times acting and performing as independent contractors and that neither party shall consider itself or act as the agent, employee or representative of the other.

- 9.12 Cooperation of Parties. Hospital and Plan agree to meet and confer in good faith on any problems including, but not limited to, utilization of services, problems concerning, authorization, encounters/claims or reporting procedures and information and forms provided to Hospital for use in conjunction with Members.
- 9.13 Dispute Resolution; Mediation and/or Binding Arbitration.
(a) General Provision. Each party may submit disputes or problems arising under this Agreement to the other party at the address and telephone numbers provided in Section 9.15 of this Agreement. The receiving party will attempt to respond to all disputes within thirty (30) days of receipt, except in urgent cases in which the receiving party will respond as soon as possible. Following receipt of the response, both parties will meet and confer in good faith to resolve the dispute or problem. If both parties agree, the dispute may be submitted to voluntary mediation or any other dispute resolution technique as the parties may mutually agree upon at such time. Thereafter, binding arbitration pursuant to this Agreement shall be the exclusive remedy of the parties for all claims arising out of or concerning this Agreement. Such arbitration shall be conducted according to the Commercial Rules of Arbitration of the American Arbitration Association (AAA). The award must be based on proof properly received into evidence and as permitted under California law. The cost of arbitration shall be divided equally between the parties. Unless the parties can agree on a single neutral arbitrator, each shall select an arbitrator and the two arbitrators shall within fifteen (15) days of their selection meet and select a third arbitrator. The third arbitrator shall by himself or herself hear the matter at a reasonable time thereafter. Hospital and Plan agree that the arbitration results shall be binding on both parties in any subsequent litigation or other dispute. The initiation of the arbitration by written demand must be made within two (2) years of the date upon which the problem or dispute arose.
- 9.14 Advertising. Hospital hereby expressly consents to Plan are including Hospital's name for use in any document prepared for the purpose of marketing Plan. Hospital shall have the prior right to review and approve such use, provided, however, that such approval shall not be unreasonably denied. Plan shall have no other right to use the name of Hospital in any advertisement or otherwise without the express written consent of Hospital. Hospital may identify itself as a Plan Hospital or Plan Provider. Hospital shall have no other right to use the name of Plan in any advertisement or otherwise without the express written consent of Plan.
- 9.15 Notices. Any and all notices, required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States mail, certified or registered, return receipt requested, and addressed as follows:

For Plan: BLUE CROSS OF CALIFORNIA
Director, State Programs
Health Care Management
21555 Oxnard Street, 8D
Woodland Hills, CA 91367

For Hospital: Department of Health Services
Office of Managed Care
1000 S. Fremont Avenue
Building A-9 East, 2nd Floor
Alhambra, California 91803
Attention: Director, Office of Managed Care
Telephone: (626) 299-5300

AND

County of Los Angeles
Department of Health Services
Contracts and Grants Division
313 North Figueroa Street
6th Floor B East
Los Angeles, California 90012
Attention: Division Chief
Telephone: (213) 240-7723

If personally delivered, such notice shall be deemed given upon delivery. If mailed in accordance with this Paragraph 9.15, such notice shall be deemed given as of the date indicated on the return receipt. Either party may change its address for notice purposes by giving prior written notice of such change to the other party in accordance with this Paragraph 9.15.

- 9.16 Captions. The captions contained herein are for reference purposes only and shall not affect the meaning of this Agreement.
- 9.17 Assignment. Neither Plan nor Hospital shall assign or transfer its rights, duties or obligations under this Agreement without the prior written consent of the other party. Either party shall not unreasonably withhold such consent. Any attempted assignment in violation of this provision shall be void.
- 9.18 Non Discrimination. Hospital shall not discriminate in its treatment of any Plan Member because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation or age.
- 9.19 Gender and Number. The masculine, feminine or neuter gender and the singular or plural numbers shall be deemed to include the others whenever the context so indicates or requires.
- 9.20 Liability. Plan shall indemnify, defend and hold harmless Hospital for any claim, demand, loss, lawsuit, settlement, judgment, or other liability, and all related expenses which may accrue, arising from or in connection with a claim of a third party arising from a negligent or otherwise wrongful act or omission of Plan, its agents or employees.

Hospital shall indemnify, defend and hold harmless Plan from any claim, demand, loss, lawsuit, settlement, judgment, or other liability, and all related expenses which may accrue, arising from or in connection with a claim of a third

party arising from a negligent or otherwise wrongful act or omission of Hospital, its agents or employees.

If each party claims and is entitled to indemnity, defense and/or to be held harmless from the other, the liability of each to the other shall be determined according to principles of comparative fault.

Indemnity shall include damages, reasonable costs, reasonable expenses, and reasonable attorney's fees as incurred by the party indemnified. The foregoing indemnification provision will remain in effect following the termination of this Agreement.

- 9.21 Priority of Admission. Hospital agrees to provide Covered Services on the same basis as such services are provided to other patients of Hospital. No special consideration, either favorable or unfavorable, shall be extended to Members under this Agreement because of their affiliation with Plan other than as specifically provided for this Agreement. Plan recognizes that Hospital accepts Members as Patients hereunder as staffing, equipment, and bed availability allows. And this acceptance of Members as patients is further subject to Hospital's priority responsibility to provide care first to any emergency patients and others, including those not covered under this Agreement whereby Hospital has a legal responsibility to provide care, including, but not limited to, any obligation of care of Hospital under section 17000 of the Welfare and Institutions code, and the Los Angeles County Code.
- 9.22 Nondisclosure of Rates. Each party hereto agrees to use its best efforts to maintain the confidentiality of the compensation rates set forth in Schedule "C". The parties acknowledge that DMHC is charged by law with protecting the confidentiality of contract rate information for managed care contracts filed with that agency. Hospital shall make reasonable attempts to protect this information as "official" and "trade secret" information under the Health and Safety Code section 1457, among other authority. For Hospital, only the members of Hospital's Board of Supervisors, Director, Chief Administrative Officer, Auditor Controller, Treasurer, Counsel and their respective authorized representatives shall have access to the rate information contained herein, and only for the purpose of carrying out official County functions by Hospital.

If such rate information is disclosed to other persons or agencies by Hospital, because such disclosure on good faith belief of Hospital is required or permitted by the California Public Records Act or otherwise by law, Plan shall have no recourse against Hospital, its officers, agents, and employees in connection with any and all damages and liability which Plan may incur as a result, except to claim breach of contract and terminate as otherwise described in this Agreement.

Nothing herein is intended to prevent either party from disclosing such information (1) in a court proceeding or in an arbitration when such disclosure is required, or (2) upon request of a duly authorized representative of Federal or State government.

Notwithstanding the foregoing, Plan may at its own discretion, disclose to DMHC, any information contained in this Agreement including rates, paid claim data or

revenue information, if such request is presented by DMHC to Plan in writing and under reasonable circumstances.

Except as required by law, neither Plan nor Hospital shall cause to be published or disseminated any advertising materials either printed or electronically transmitted any advertising materials either printed or electronically transmitted, which identify the other party or its facilities with respect to this Agreement, except as specifically stated in the Agreement.

- 9.23 No Community Provider Plan Status Designation. For so long as, and for the time period during which County's Community Health Plan is designated as or pursues designation as the "Community Provider Plan" by the Managed Risk Medical Insurance Board for the Healthy Families Program, Plan shall not, to the extent permitted by law if any, seek designation as Community Provider Plan without prior written consent of the County.

- 9.24 HIPAA. The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). Plan and Hospital understands and agree they are "covered entities under HIPAA and, as such, have obligations with respect to the confidentiality, privacy, and security of patients" medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Each party understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that Department has not undertaken any responsibility for compliance on Plan's behalf. Neither party has relied, and will not in any way rely, on the other party for legal advice or other representations with respect to its obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

X. LOCAL INITIATIVE PROGRAM

10.1 Provision of Covered Services

HOSPITAL shall furnish to Members those Covered Services, which HOSPITAL is allowed to provide under this Agreement, consistent with the scope of HOSPITAL's license, certification or accreditation and in accordance with professionally recognized standards and terms and provisions of the Agreement, as amended by the provisions herein. HOSPITAL shall provide Covered Services to Members in accordance with, and shall otherwise comply with all of the provisions of, the Services Agreement between the LOCAL INITIATIVE and BLUE CROSS (the "Plan Contract") as amended from time to time.

10.2 Quality Assurance/Improvement Programs

HOSPITAL shall cooperate and comply with, and participate in, the quality assurance/improvement programs established (or amended from time to time) by LOCAL INITIATIVE and BLUE CROSS, and approved by the California Department of Health Services (DHS) and the Department of Managed Health Care (DMHC). In furtherance thereof, HOSPITAL shall cooperate with and participate in LOCAL INITIATIVE monitoring and evaluation activities, and shall, if requested by LOCAL INITIATIVE through BLUE CROSS, serve on LOCAL INITIATIVE quality improvement subcommittees.

10.3 LOCAL INITIATIVE Member and Provider Grievance/Appeal Procedure

HOSPITAL shall cooperate and comply with the grievance and appeal procedures for review of Member clinical and non-clinical grievances and provider grievances as established (or amended from time to time) by LOCAL INITIATIVE and BLUE CROSS and approved by DHS and DMHC.

10.4 Utilization Management Program

HOSPITAL shall cooperate and comply with and participate in the utilization management programs established (or amended from time to time) by LOCAL INITIATIVE and BLUE CROSS and approved by DHS and DMHC.

10.5 Excluded Services Linkages; Case Management

HOSPITAL shall cooperate and comply with the policies and procedures developed by LOCAL INITIATIVE and BLUE CROSS with respect to required referral and linkage systems for mental health, dental, California Children Services, family planning, Indian health services, and Department of Public Health services and any other community health or excluded services in accordance with the requirements of the OHS (as delineated in the Detailed Design Application and Medi-Cal Agreement governing the Local Initiative Medi-Cal Program and the Plan Contract). HOSPITAL shall take such actions as necessary to ensure appropriate case management and continuity of care between the Member's primary care physician and the local health departments or other agencies to which the Member may be referred.

10.6 Cultural/Linguistic Training Programs

HOSPITAL shall participate in and comply with the performance standards, policies, procedures and programs established from time to time by LOCAL INITIATIVE and BLUE CROSS with respect to cultural and linguistic services, including, without limitation, attending training programs, and collecting and furnishing cultural and linguistic data for LOCAL INITIATIVE and BLUE CROSS.

In accordance with the Plan Contract, HOSPITAL shall designate on Attachment E, attached hereto, the linguistic services to be provided to Members and the names of the individuals who will provide such services.

10.7 Performance Standards

HOSPITAL shall comply with all performance standards, policies and procedures as may be adopted or amended from time to time by LOCAL INITIATIVE, in accordance with the Plan Contract, or as may be required by DMHC or DHS.

10.8 Sanctions

In the event the LOCAL INITIATIVE finds HOSPITAL non-compliant with LOCAL INITIATIVE, OHS or DMHC performance standards, LOCAL INITIATIVE shall have the power and authority to impose sanctions upon HOSPITAL in accordance with, and subject to all appeal rights under, the LOCAL INITIATIVE Sanctions policies and procedures as implemented from time to time by LOCAL INITIATIVE.

10.9 Disciplinary Action and Termination

HOSPITAL acknowledges and agrees that, under the Plan Contract, LOCAL INITIATIVE, has the right to require BLUE CROSS to suspend assignment of new enrollees to HOSPITAL, to transfer Members from HOSPITAL or require BLUE CROSS to terminate HOSPITAL from the LOCAL INITIATIVE Medi-Cal Plan at any time, subject to such review or appeal rights as may be provided pursuant to the Plan Contract, as amended from time to time.

10.10 Information

HOSPITAL shall promptly provide BLUE CROSS with financial, capacity, encounter data or other information, reports, documents or forms as may be required to enable BLUE CROSS to fulfill its reporting and other obligations under the Knox-Keene Act, Medi-Cal laws and regulations, the DHS Detailed Design Application, the Medi-Cal Agreement or Plan Contract.

10.11 Provider Contract/Plan Contract

Nothing set forth herein shall be deemed to amend, interpret, construe or otherwise affect in any way the Plan Contract, as amended from time to time. To the extent there are inconsistencies or contradictions between this Agreement and the Plan Contract, the terms and provisions of the Plan Contract shall prevail and control.

10.12 Cooperation

HOSPITAL shall use its best efforts to maintain a cooperative working relationship to ensure smooth operation of the Local Initiative Medi-Cal Plan. The parties hereto shall, at any time before, at or after execution of this Agreement, sign and deliver (or cause others to do so) all such documents and instruments, and do or cause to be done all such acts and things, and provide or cause to be provided all such information and approvals as may be reasonably necessary to carry out the provisions of this Agreement.

Schedules: The following Schedules are attached and incorporated in this Agreement by this reference:

Schedule "A"	-	Inventory of Services and licensure
Schedule "B"	-	Los Angeles County Provider listing
Schedule "C"	-	Compensation and Rates
Schedule "C-1"	-	Specialty Surgery (RLANRC)
Schedule "D"	-	Linguistic Services
Schedule "E"	-	Hospital Liability Insurance
Schedule "F"	-	Authorization for Inpatient Services
Schedule "G"	-	UB-92

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its Director of Health Services, and Plan has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BLUE CROSS OF CALIFORNIA,
a corporation
Contractor

By _____
Name _____
Title _____

(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY COUNTY COUNSEL

Robert E. Ragland
Senior Deputy, County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants

RF:r
Board letter blue cross agreement 05.30.07

LOS ANGELES COUNTY/HARBOR-UCLA MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)		(2)		(3)	
005	DAILY HOSPITAL SERVICES		LABORATORY SERVICES		CLINIC SERVICES
010	INTENSIVE CARE SERVICES		MICROBIOLOGY		DENTAL
015	BURN	3	NECROPSY	1	DERMATOLOGY
020	CORONARY	1	SEROLOGY	1	DIABETES
025	MEDICAL	1	SURGICAL PATHOLOGY	1	DRUG ABUSE
030	NEONATAL	1	DIAGNOSTIC IMAGING SERVICES	1	FAMILY THERAPY
035	NEUROSURGICAL	1	COMPUTED TOMOGRAPHY	1	GROUP THERAPY
040	PEDIATRIC	1	CYSTOSCOPY	1	HYPERTENSION
045	PULMONARY	1	MAGNETIC RESONANCE IMAGING	1	METABOLIC
050	SURGICAL	1	POSITRON EMISSION TOMOGRAPHY	3	NEUROLOGY
055	DEFINITIVE OBSERVATION CARE	3	ULTRASONOGRAPHY	1	NEONATAL
060	ACUTE CARE SERVICES		X-RAY - RADIOLOGY	1	OBESITY
065	ALTERNATE BIRTH CTR (LICENSED BEDS)	3	DIAGNOSTIC/THERAPEUTIC SERVICES	1	OBSTETRICS
070	GERIATRIC	1	AUDIOLOGY	1	OPHTHALMOLOGY
075	MEDICAL	1	BIOFEEDBACK THERAPY	1	ORTHOPEDIC
080	NEONATAL	1	CARDIAC CATHETERIZATION	3	OTOLARYNGOLOGY
085	ONCOLOGY	1	COBAL THERAPY	1	PEDIATRIC
090	ORTHOPEDIC	1	DIAGNOSTIC RADIOISOTOPE	3	PEDIATRIC SURGERY
095	PEDIATRIC	1	ECHOCARDIOLOGY	1	PODIATRY
100	PHYSICAL REHABILITATION	1	ELECTROCARDIOLOGY	1	PSYCHIATRIC
105	POST PARTUM	1	ELECTROENCEPHALOGRAPHY	1	RENAL
110	SURGICAL	1	ELECTROMYOGRAPHY	1	RHEUMATIC
115	TRANS INPAT CARE(ACUTE BEDS)	1			
120	NEWBORN CARE SERVICES		ENDOSCOPY	1	RURAL HEALTH
125	DEVELOPMENTALLY DISABLED NURSERY CRE	1	GASTRO-INTESTINAL LABORATORY	3	SURGERY
130	NEWBORN NURSERY CARE	1	HYPERBARIC CHAMBER SERVICES	3	
135	PREMATURE NURSERY CARE	1	LITHOTRIPSY	2	HOME CARE SERVICES
140	HOSPICE CARE	2	NUCLEAR MEDICINE	1	HOME HEALTH AIDE SERVICES
145	INPATIENT CARE UNDER CUSTODY (JAIL)	3	OCCUPATIONAL THERAPY	1	HOME NURSING CARE (VISITING NURSE)
150	LONG-TERM CARE		PHYSICAL THERAPY	1	HOME PHYSICAL MEDICINE CARE
155	BEHAVIORAL DISORDER CARE	3	PERIPHERAL VASCULAR LABORATORY	1	HOME SOCIAL SERVICES CARE
160	DEVELOPMENTALLY DISABLED CARE		PULMONARY FUNCTION SERVICES	1	HOME DIALYSIS TRAINING
165	INTERMEDIATE CARE	3	RADIATION THERAPY	1	HOME HOSPICE CARE
170	RESIDENTIAL/SELF CARE	3	RADIUM THERAPY	3	HOME I.V. THERAPY SERVICES
175	SELF CARE	3	RADIOACTIVE IMPLANTS	1	JAIL CARE
180	SKILLED NURSING CARE	3	RECREATIONAL THERAPY	1	PSYCHIATRIC FOSTER HOME CARE
185	SUB-ACUTE CARE	3	RESPIRATORY THERAPY SERVICES	1	
190	SUB-ACUTE CARE - PEDIATRIC	3			
195	TRANS INPAT CARE(SNF BEDS)	3			
	CHEMICAL DEPENDENCY - DETOX		SPEECH-LANGUAGE PATHOLOGY	1	AMBULATORY SERVICES
	ALCOHOL	1	SPORTSCARE MEDICINE	1	ADULT DAY HEALTH CARE CENTER
	DRUG	1	STRESS TESTING	1	AMBULATORY SURGERY SERVICES
	CHEMICAL DEPENDENCY - REHAB		THERAPEUTIC RADIOISOTOPE	1	COMPREHENSIVE OUTPATIENT REHAB FAC

1 - SERVICE IS AVAILABLE AT HOSPITAL
2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
3 - SERVICE NOT AVAILABLE.
4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY
OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

LOS ANGELES COUNTY/HARBOR-UCLA MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)		(2)		(3)	
200	ALCOHOL	3	X-RAY RADIOLOGY THERAPY	1	OBSERVATION (SHORT STAY) CARE
205	DRUG	3	PSYCHIATRIC SERVICES	3	SATELLITE AMBULATORY SURGERY CENTER
210	PSYCHIATRIC SERVICES	1	CLINIC PSYCHOLOGIST SERVICES	1	SATELLITE CLINIC SERVICES
215	PSYCHIATRIC ACUTE - ADULT	1	CHILD CARE SERVICES	1	OTHER SERVICES
220	PSYCHIATRIC - ADOLESCENT AND CHILD	1	ELECTROCONVULSIVE THERAPY (SHOCK)	3	DIABETIC TRAINING CLASS
225	PSYCHIATRIC INTENSIVE (ISOLATION) CR	1	MILIEU THERAPY	1	DIETETIC COUNSELING
230	PSYCHIATRIC LONG-TERM CARE	3	NIGHT CARE	1	DRUG REACTION INFORMATION
235			PSYCHIATRIC THERAPY	1	FAMILY PLANNING
240	OBSTETRIC SERVICES	1	PSYCHOPHARMACOLOGICAL THERAPY	3	GENETIC COUNSELING
245	ABORTION SERVICES	3	SHELTERED WORKSHOP	1	MEDICAL RESEARCH
250	COMBINED LABOR/DELIVERY BIRTHING RM	1	RENAL DIALYSIS	1	PARENT TRAINING CLASS
255	DELIVERY ROOM SERVICE	1	HEMODIALYSIS	3	PATIENT REPRESENTATIVE
260	INFERTILITY SERVICES	1	HOME DIALYSIS SUPPORT SERVICES	1	PUBLIC HEALTH CLASS
265	LABOR ROOM SERVICES	1	PERITONEAL	1	SOCIAL WORK SERVICES
270	SURGERY SERVICES	1	SELF-DIALYSIS TRAINING	2	TOXICOLOGY/ANTIDOTE INFORMATION
275	DENTAL	1	ORGAN ACQUISITION	1	VOCATIONAL SERVICES
280	GENERAL	1	BLOOD BANK	1	
285	GYNECOLOGICAL	1	EXTRACORPOREAL MEMBRANE OXYGENATION	1	
290	HEART	1	PHARMACY	1	MEDICAL EDUCATION PROGRAMS
295	KIDNEY	1		1	APPROVED RESIDENCY
300	NEUROSURGICAL	1	EMERGENCY SERVICES	1	APPROVED FELLOWSHIP
305	OPEN HEART	1	EMERGENCY COMMUNICATION SYSTEMS	1	NON-APPROVED RESIDENCY
310	OPHTHALMOLOGIC	1	EMERGENCY HELICOPTER SERVICE	2	ASSOCIATE RECORDS TECHNICIAN
315	ORGAN TRANSPLANT	1	EMERGENCY OBSERVATION SERVICES	3	DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
320	ORTHOPEDIC	1	EMERGENCY ROOM SERVICES	1	DIETETIC INTERN PROGRAM
325	OTOLARYNGOLOGIC	1	HELIPORT	1	EMERGENCY MEDICAL TECHNICIAN
330	PEDIATRIC	1	MEDICAL TRANSPORTATION	1	HOSPITAL ADMINISTRATION PROGRAM
335	PLASTIC	1	MOBILE CARDIAC CARE SERVICES	3	LICENSED VOCATIONAL NURSE
340	PODIATRY	3	ORTHOPEDIC EMERGENCY SERVICES	1	MEDICAL TECHNOLOGIST PROGRAM
345	THORACIC	1	PSYCHIATRIC EMERGENCY SERVICES	1	MEDICAL RECORDS ADMINISTRATOR
350	UROLOGIC	1	RADIOISOTOPE DECONTAMINATION ROOM	1	NURSE ANESTHETIST
355	ANESTHESIA SERVICES	1	TRAUMA TREATMENT E.R.	1	NURSE PRACTITIONER
360				1	NURSE MIDWIFE
365	LABORATORY SERVICES		CLINIC SERVICES	2	OCCUPATIONAL THERAPIST
370	ANATOMICAL PATHOLOGY	1	AIDS	1	PHARMACY INTERN
375	CHEMISTRY	1	ALCOHOLISM	1	PHYSICIAN'S ASSISTANT
380	CLINICAL PATHOLOGY	1	ALLERGY	3	PHYSICAL THERAPIST
385	CYTOGENETICS	1	CARDIOLOGY	1	REGISTERED NURSE
390	CYTOLOGY	1	CHEST MEDICAL	1	RESPIRATORY THERAPIST
395	HEMATOLOGY	1	CHILD DIAGNOSIS	1	SOCIAL WORKER PROGRAM
400	HISTOCOMPATIBILITY	1	CHILD TREATMENT	1	
405	IMMUNOLOGY	1	COMMUNICABLE DISEASE	1	

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
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SCHEDULE A

License: 060000129
Effective: 12/12/2006
Expires: 04/30/2007
Licensed Capacity: 670

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California
and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department Of Health Services

to operate and maintain the following General Acute Care Hospital

LAC/HARBOR-UCLA MEDICAL CENTER

1000 WEST CARSON STREET
TORRANCE, CA 90509

Bed Classifications/Services

- 531 General Acute Care
- 50 Perinatal Services
- 44 Intensive Care
- 35 Intensive Care Newborn Nursery
- 34 Pediatric Services
- 8 Acute Respiratory Care
- 6 Coronary Care
- 6 Renal Transplant
- 5 Chronic Dialysis Stations
- 343 Unspecified General Acute Care
- 39 Acute Psychiatric (D/P)

Other Approved Services

- Audiology
- Basic Emergency
- Cardiovascular Surgery
- Nuclear Medicine
- Occupational Therapy
- Outpatient Services
- Physical Therapy
- Radiation Therapy
- Respiratory Care Services
- Social Services
- Speech Pathology

Approved Other Certifiable Parts

Prospective Payment System Psychiatric Unit
LAC/HARBOR-UCLA MEDICAL CENTER
1000 WEST CARSON STREET
TORRANCE, CA 90509

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
None

Sandra Shewry
DIRECTOR

Jacqueline A Lincer
JACQUELINE A LINCER, District Manager (AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and
Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)456-0630

POST IN A PROMINENT PLACE

County of Los Angeles
Harbor-UCLA Medical Center
Torrance, CA

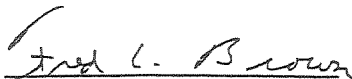
has been Accredited by the



Joint Commission
on Accreditation of Healthcare Organizations

Which has surveyed this organization and
found it to meet the requirements for accreditation.

2005-2008



Fred L. Brown
Chairman of the Board of Commissioners



Dennis S. O'Leary, M.D.
President

The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcaho.org.



SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 03/07/2006

LOS ANGELES COUNTY + USC MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)	
200 ALCOHOL	3 X-RAY RADIOLOGY THERAPY	1 OBSERVATION (SHORT STAY) CARE	1
205 DRUG	3 PSYCHIATRIC SERVICES	1 SATELLITE AMBULATORY SURGERY CENTER	1
210 PSYCHIATRIC SERVICES	1 CLINIC PSYCHOLOGIST SERVICES	1 SATELLITE CLINIC SERVICES	3
215 PSYCHIATRIC ACUTE - ADULT	1 CHILD CARE SERVICES		
220 PSYCHIATRIC - ADOLESCENT AND CHILD	1 ELECTROCONVULSIVE THERAPY (SHOCK)	1 OTHER SERVICES	
225 PSYCHIATRIC INTENSIVE (ISOLATION) CR	3 MILIEU THERAPY	1 DIABETIC TRAINING CLASS	1
230 PSYCHIATRIC LONG-TERM CARE	3 NIGHT CARE	3 DIETETIC COUNSELING	1
235	1 PSYCHIATRIC THERAPY	1 DRUG REACTION INFORMATION	1
240 OBSTETRIC SERVICES	1 PSYCHOPHARMACOLOGICAL THERAPY	1 FAMILY PLANNING	1
245 ABORTION SERVICES	1 SHELTERED WORKSHOP	1 GENETIC COUNSELING	1
250 COMBINED LABOR/DELIVERY BIRTHING RM	1 RENAL DIALYSIS	1 MEDICAL RESEARCH	1
255 DELIVERY ROOM SERVICE	1 HEMODIALYSIS	1 PARENT TRAINING CLASS	1
260 INFERTILITY SERVICES	1 HOME DIALYSIS SUPPORT SERVICES	1 PATIENT REPRESENTATIVE	3
265 LABOR ROOM SERVICES	1 PERITONEAL	1 PUBLIC HEALTH CLASS	3
270 SURGERY SERVICES	1 SELF-DIALYSIS TRAINING	1 SOCIAL WORK SERVICES	1
275 DENTAL	1 ORGAN ACQUISITION	1 TOXICOLOGY/ANTIDOTE INFORMATION	1
280 GENERAL	1 BLOOD BANK	1 VOCATIONAL SERVICES	1
285 GYNECOLOGICAL	1 EXTRACORPOREAL MEMBRANE OXYGENATION		
290 HEART	1 PHARMACY	1 MEDICAL EDUCATION PROGRAMS	
295 KIDNEY		1 APPROVED RESIDENCY	1
300 NEUROSURGICAL	1 EMERGENCY SERVICES	1 APPROVED FELLOWSHIP	1
305 OPEN HEART	1 EMERGENCY COMMUNICATION SYSTEMS	1 NON-APPROVED RESIDENCY	3
310 OPHTHALMOLOGIC	1 EMERGENCY HELICOPTER SERVICE	1 ASSOCIATE RECORDS TECHNICIAN	3
315 ORGAN TRANSPLANT	3 EMERGENCY OBSERVATION SERVICES	1 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST	3
320 ORTHOPEDIC	1 EMERGENCY ROOM SERVICES	1 DIETETIC INTERN PROGRAM	1
325 OTOLARYNGOLOGIC	1 HELIPORT	1 EMERGENCY MEDICAL TECHNICIAN	3
330 PEDIATRIC	1 MEDICAL TRANSPORTATION	1 HOSPITAL ADMINISTRATION PROGRAM	3
335 PLASTIC	1 MOBILE CARDIAC CARE SERVICES	1 LICENSED VOCATIONAL NURSE	3
340 PODIATRY	1 ORTHOPEDIC EMERGENCY SERVICES	1 MEDICAL TECHNOLOGIST PROGRAM	1
345 THORACIC	1 PSYCHIATRIC EMERGENCY SERVICES	1 MEDICAL RECORDS ADMINISTRATOR	3
350 UROLOGIC	1 RADIOISOTOPE DECONTAMINATION ROOM	3 NURSE ANESTHETIST	3
355 ANESTHESIA SERVICES	1 TRAUMA TREATMENT E.R.	1 NURSE PRACTITIONER	3
360		1 NURSE MIDWIFE	3
365 LABORATORY SERVICES	1 CLINIC SERVICES	1 OCCUPATIONAL THERAPIST	3
370 ANATOMICAL PATHOLOGY	1 AIDS	1 PHARMACY INTERN	2
375 CHEMISTRY	1 ALCOHOLISM	3 PHYSICIAN'S ASSISTANT	3
380 CLINICAL PATHOLOGY	1 ALLERGY	1 PHYSICAL THERAPIST	3
385 CYTOGENETICS	2 CARDIOLOGY	1 REGISTERED NURSE	1
390 CYTOLOGY	1 CHEST MEDICAL	1 RESPIRATORY THERAPIST	3
395 HEMATOLOGY	1 CHILD DIAGNOSIS	1 SOCIAL WORKER PROGRAM	3
400 HISTOCOMPATIBILITY	1 CHILD TREATMENT		
405 IMMUNOLOGY	1 COMMUNICABLE DISEASE		

CODE

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SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 03/07/2006

LOS ANGELES COUNTY + USC MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
005 INTENSIVE CARE SERVICES	1 MICROBIOLOGY	1 DENTAL
010 BURN	1 NECROPSY	1 DERMATOLOGY
015 CORONARY	1 SEROLOGY	1 DIABETES
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE
025 NEONATAL	1 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY
030 NEUROSURGICAL	1 COMPUTED TOMOGRAPHY	1 GROUP THERAPY
035 PEDIATRIC	1 CYSTOSCOPY	1 HYPERTENSION
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	1 METABOLIC
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	2 NEUROLOGY
050 DEFINITIVE OBSERVATION CARE	1 ULTRASONOGRAPHY	1 NEONATAL
055 ACUTE CARE SERVICES	1 X-RAY - RADIOLOGY	1 OBESITY
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS
065 GERIATRIC	1 AUDIOLOGY	1 OPHTHALMOLOGY
070 MEDICAL	1 BIOFEEDBACK THERAPY	3 ORTHOPEDIC
075 NEONATAL	1 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY
080 ONCOLOGY	1 COBALT THERAPY	1 PEDIATRIC
085 ORTHOPEDIC	1 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY
095 PHYSICAL REHABILITATION	3 ELECTROCARDIOLOGY	1 PSYCHIATRIC
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL
105 SURGICAL	1 ELECTROMYOGRAPHY	1 RHEUMATIC
107 TRANS INPAT CARE(ACUTE BEDS)	3	1 RURAL HEALTH
110 NEWBORN CARE SERVICES	1 ENDOSCOPY	1 SURGERY
115 DEVELOPMENTALLY DISABLED NURSERY CARE	1 GASTRO-INTESTINAL LABORATORY	
120 NEWBORN NURSERY CARE	1 HYPERBARIC CHAMBER SERVICES	
125 PREMATURE NURSERY CARE	1 LITHOTRIPSY	1 HOME CARE SERVICES
130 HOSPICE CARE	3 NUCLEAR MEDICINE	1 HOME HEALTH AIDE SERVICES
135 INPATIENT CARE UNDER CUSTODY (JAIL)	1 OCCUPATIONAL THERAPY	1 HOME NURSING CARE (VISITING NURSE)
140 LONG-TERM CARE	1 PHYSICAL THERAPY	1 HOME PHYSICAL MEDICINE CARE
145 BEHAVIORAL DISORDER CARE	3 PERIPHERAL VASCULAR LABORATORY	1 HOME SOCIAL SERVICES CARE
150 DEVELOPMENTALLY DISABLED CARE	3 PULMONARY FUNCTION SERVICES	1 HOME DIALYSIS TRAINING
155 INTERMEDIATE CARE	3 RADIATION THERAPY	1 HOME HOSPICE CARE
160 RESIDENTIAL/SELF CARE	3 RADIUM THERAPY	1 HOME T.V. THERAPY SERVICES
165 SELF CARE	3 RADIOACTIVE IMPLANTS	1 JAIL CARE
170 SKILLED NURSING CARE	3 RECREATIONAL THERAPY	1 PSYCHIATRIC FOSTER HOME CARE
175 SUB-ACUTE CARE	3 RESPIRATORY THERAPY SERVICES	
177 SUB-ACUTE CARE - PEDIATRIC	1	
179 TRANS INPAT CARE(SNF BEDS)	3	
180 CHEMICAL DEPENDENCY - DETOX	3 SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	3 SPORTSCARE MEDICINE	1 ADULT DAY HEALTH CARE CENTER
190 DRUG	3 STRESS TESTING	1 AMBULATORY SURGERY SERVICES
195 CHEMICAL DEPENDENCY - REHAB	3 THERAPEUTIC RADIOISOTOPE	1 COMPREHENSIVE OUTPATIENT REHAB FAC

CODE

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SCHEDULE A

License: 060000130
Effective: 04/01/2007
Expires: 03/31/2008
Licensed Capacity: 1022

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department of Health Services
to operate and maintain the following General Acute Care Hospital

LAC+USC MEDICAL CENTER
1200 NORTH STATE STREET
LOS ANGELES, CA 90033

Bed Classifications/Services:

- 898 General Acute Care
- 74 Pediatric Services
- 70 Intensive Care
- 40 Intensive Care Newborn Nursery
- 38 Perinatal Services
- 27 Burn
- 16 Coronary Care
- 633 Unspecified General Acute Care
- 124 Acute Psychiatric (D/P)

Other Approved Services:

- Audiology
- Cardiovascular Surgery
- Comprehensive Emergency Medical Services
- Dental Services
- Mobile Unit - Pediatric & Mobile Unit
- Nuclear Medicine
- Occupational Therapy
- Outpatient Services
- Physical Therapy
- Podiatric Services
- Radiation Therapy
- Respiratory Care Services
- Social Services
- Speech Pathology

Approved Other Certifiable Parts:

Prospective Payment System - Psychiatric Unit
LAC+USC MEDICAL CENTER
12021 S. WILMINGTON AVE.
LOS ANGELES, CA 90058

Prospective Payment System - Psychiatric Unit
LAC+USC MEDICAL CENTER
1200 NORTH STATE STREET
LOS ANGELES, CA 90033

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
None

Sandra Shewry
DIRECTOR

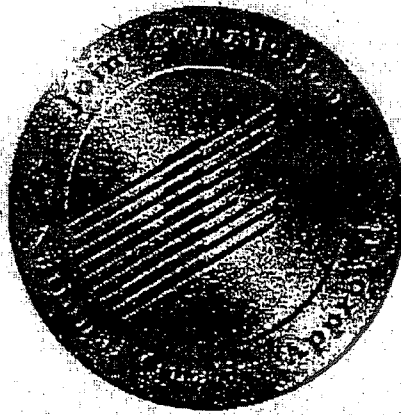
Frances E. Aldridge
JACQUELINE A. LINCER, District Manager (AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)456-0630

POST IN A PROMINENT PLACE

Los Angeles County
University of Southern CA Medical Center
Los Angeles, CA

has been Accredited by the



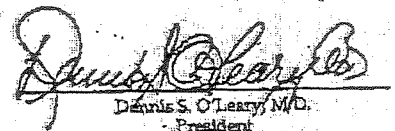
Joint Commission
on Accreditation of Healthcare Organizations

Which has surveyed this organization and
found it to meet the requirements for accreditation.

2005-2008



Fred L. Brown
Chairman of the Board of Commissioners



Dennis S. O'Leary, M.D.
President

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SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 01/13/2006

MARTIN LUTHER KING JR./DREW MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)		(2)		(3)	
200	ALCOHOL	3	X-RAY RADIOLOGY THERAPY	2	OBSERVATION (SHORT STAY) CARE
201	DRUG	3	PSYCHIATRIC SERVICES	3	SATELLITE AMBULATORY SURGERY CENTER
202	PSYCHIATRIC SERVICES	1	CLINIC PSYCHOLOGIST SERVICES	2	SATELLITE CLINIC SERVICES
210	PSYCHIATRIC ACUTE - ADULT	1	CHILD CARE SERVICES	1	
220	PSYCHIATRIC - ADOLESCENT AND CHILD	2	ELECTROCONVULSIVE THERAPY (SHOCK)	3	OTHER SERVICES
225	PSYCHIATRIC INTENSIVE (ISOLATION) CR	1	MILIEU THERAPY	1	DIABETIC TRAINING CLASS
230	PSYCHIATRIC LONG-TERM CARE	3	NIGHT CARE	3	DIETETIC COUNSELING
235			PSYCHIATRIC THERAPY	1	DRUG REACTION INFORMATION
240	OBSTETRIC SERVICES		PSYCHOPHARMACOLOGICAL THERAPY	1	FAMILY PLANNING
245	ABORTION SERVICES	1	SHELTERED WORKSHOP	3	GENETIC COUNSELING
250	COMBINED LABOR/DELIVERY BIRTHING RM	1	RENAL DIALYSIS	1	MEDICAL RESEARCH
255	DELIVERY ROOM SERVICE	1	HEMODIALYSIS	1	PARENT TRAINING CLASS
260	INFERTILITY SERVICES	1	HOME DIALYSIS SUPPORT SERVICES	3	PATIENT REPRESENTATIVE
265	LABOR ROOM SERVICES	1	PERITONEAL	1	PUBLIC HEALTH CLASS
270	SURGERY SERVICES		SELF-DIALYSIS TRAINING	1	SOCIAL WORK SERVICES
275	DENTAL	1	ORGAN ACQUISITION	2	TOXICOLOGY/ANTIDOTE INFORMATION
280	GENERAL	1	BLOOD BANK	1	VOCATIONAL SERVICES
285	GYNECOLOGICAL	1	EXTRACORPOREAL MEMBRANE OXYGENATION		
290	HEART	3	PHARMACY	1	MEDICAL EDUCATION PROGRAMS
295	KIDNEY	3			APPROVED RESIDENCY
300	NEUROSURGICAL	1	EMERGENCY SERVICES	1	APPROVED FELLOWSHIP
305	OPEN HEART	3	EMERGENCY COMMUNICATION SYSTEMS	1	NON-APPROVED RESIDENCY
310	OPHTHALMOLOGIC	1	EMERGENCY HELICOPTER SERVICE	1	ASSOCIATE RECORDS TECHNICIAN
315	ORGAN TRANSPLANT	3	EMERGENCY OBSERVATION SERVICES	1	DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
320	ORTHOPEDIC	1	EMERGENCY ROOM SERVICES	3	DIETETIC INTERN PROGRAM
325	OTOLARYNGOLOGIC	1	HELIPORT	1	EMERGENCY MEDICAL TECHNICIAN
330	PEDIATRIC	1	MEDICAL TRANSPORTATION	1	HOSPITAL ADMINISTRATION PROGRAM
335	PLASTIC	1	MOBILE CARDIAC CARE SERVICES	3	LICENSED VOCATIONAL NURSE
340	PODIATRY	1	ORTHOPEDIC EMERGENCY SERVICES	1	MEDICAL TECHNOLOGIST PROGRAM
345	THORACIC	1	PSYCHIATRIC EMERGENCY SERVICES	1	MEDICAL RECORDS ADMINISTRATOR
350	UROLOGIC	1	RADIOISOTOPE DECONTAMINATION ROOM	1	NURSE ANESTHETIST
355	ANESTHESIA SERVICES	1	TRAUMA TREATMENT E.R.	3	NURSE PRACTITIONER
360					NURSE MIDWIFE
365	LABORATORY SERVICES		CLINIC SERVICES		OCCUPATIONAL THERAPIST
370	ANATOMICAL PATHOLOGY	1	AIDS	1	PHARMACY INTERN
375	CHEMISTRY	1	ALCOHOLISM	3	PHYSICIAN'S ASSISTANT
380	CLINICAL PATHOLOGY	1	ALLERGY	1	PHYSICAL THERAPIST
385	CYTOGENETICS	2	CARDIOLOGY	1	REGISTERED NURSE
390	CYTOLOGY	2	CHEST MEDICAL	1	RESPIRATORY THERAPIST
395	HEMATOLOGY	1	CHILD DIAGNOSIS	1	SOCIAL WORKER PROGRAM
400	HISTOCOMPATIBILITY	2	CHILD TREATMENT	1	
405	IMMUNOLOGY	1	COMMUNICABLE DISEASE	1	

CODE

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SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 01/13/2006

MARTIN LUTHER KING JR./DREW MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
001 INTENSIVE CARE SERVICES	1 MICROBIOLOGY	1 DENTAL
002 BURN	2 NECROPSY	1 DERMATOLOGY
010 CORONARY	1 SEROLOGY	1 DIABETES
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE
025 NEONATAL	1 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY
030 NEUROSURGICAL	1 COMPUTED TOMOGRAPHY	1 GROUP THERAPY
035 PEDIATRIC	1 CYSTOSCOPY	1 HYPERTENSION
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	1 METABOLIC
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	2 NEUROLOGY
050 DEFINITIVE OBSERVATION CARE	3 ULTRASONOGRAPHY	1 NEONATAL
055 ACUTE CARE SERVICES	1 X-RAY - RADIOLOGY	1 OBESITY
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS
065 GERIATRIC	1 AUDIOLOGY	1 OPHTHALMOLOGY
070 MEDICAL	1 BIOFEEDBACK THERAPY	1 ORTHOPEDIC
075 NEONATAL	1 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY
080 ONCOLOGY	1 COBALT THERAPY	2 PEDIATRIC
085 ORTHOPEDIC	1 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY
095 PHYSICAL REHABILITATION	2 ELECTROCARDIOLOGY	1 PSYCHIATRIC
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL
105 SURGICAL	1 ELECTROMYOGRAPHY	1 RHEUMATIC
107 TRANS INPAT CARE(ACUTE BEDS)	3	
110 NEWBORN CARE SERVICES	ENDOSCOPY	1 RURAL HEALTH
115 DEVELOPMENTALLY DISABLED NURSERY CRE	3 GASTRO-INTESTINAL LABORATORY	1 SURGERY
120 NEWBORN NURSERY CARE	1 HYPERBARIC CHAMBER SERVICES	
125 PREMATURE NURSERY CARE	1 LITHOTRIPSY	
130 HOSPICE CARE	3 NUCLEAR MEDICINE	2 HOME CARE SERVICES
135 INPATIENT CARE UNDER CUSTODY (JAIL)	3 OCCUPATIONAL THERAPY	1 HOME HEALTH AIDE SERVICES
140 LONG-TERM CARE	3 PHYSICAL THERAPY	1 HOME NURSING CARE (VISITING NURSE)
145 BEHAVIORAL DISORDER CARE	3 PERIPHERAL VASCULAR LABORATORY	1 HOME PHYSICAL MEDICINE CARE
150 DEVELOPMENTALLY DISABLED CARE	3 PULMONARY FUNCTION SERVICES	2 HOME SOCIAL SERVICES CARE
155 INTERMEDIATE CARE	3 RADIATION THERAPY	1 HOME DIALYSIS TRAINING
160 RESIDENTIAL/SELF CARE	3 RADIUM THERAPY	2 HOME HOSPICE CARE
165 SELF CARE	3 RADIOACTIVE IMPLANTS	1 HOME I.V. THERAPY SERVICES
170 SKILLED NURSING CARE	3 RECREATIONAL THERAPY	1 JAIL CARE
175 SUB-ACUTE CARE	3 RESPIRATORY THERAPY SERVICES	1 PSYCHIATRIC FOSTER HOME CARE
177 SUB-ACUTE CARE - PEDIATRIC	3	
179 TRANS INPAT CARE(SNF BEDS)	3	
180 CHEMICAL DEPENDENCY - DETOX	SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	3 SPORTSCARE MEDICINE	3 ADULT DAY HEALTH CARE CENTER
190 DRUG	3 STRESS TESTING	1 AMBULATORY SURGERY SERVICES
195 CHEMICAL DEPENDENCY - REHAB	1 THERAPEUTIC RADIOISOTOPE	1 COMPREHENSIVE OUTPATIENT REHAB FAC

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

License: 060000132
Effective: 08/01/2006
Expires: 07/31/2007
Licensed Capacity: 537

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department Of Health Services

to operate and maintain the following General Acute Care Hospital

LAC/MARTIN LUTHER KING, JR./DREW MEDICAL CTR

12021 S. WILMINGTON AVE.
LOS ANGELES, CA 90059

Bed Classifications/Services

- 151 General Acute Care
- 90 Perinatal Services
- 54 Pediatric Services
- 53 Intensive Care
- 43 Intensive Care Newborn Nursery
- 6 Coronary Care
- 215 Unspecified General Acute Care

Other Approved Services

- Audiology
- Basic Emergency
- Cardiac Catheterization Laboratory Services
- Dental Services
- Nuclear Medicine
- Occupational Therapy
- Outpatient Services
- Physical Therapy
- Respiratory Care Services
- Social Services
- Speech Pathology

Approved Other Certifiable Parts

Prospective Payment System - Psychiatric Unit

LAC/MARTIN LUTHER KING, JR./DREW MEDICAL CTR
12021 S. WILMINGTON AVE.
LOS ANGELES, CA 90059

LAC/MARTIN L. KING JR./DREW MED. CTR. D/P APH
12021 S. WILMINGTON AVENUE
LOS ANGELES, CA 90059

Bed Classifications/Services
75 Acute Psychiatric

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
None

Sandra Shewry
DIRECTOR

Jacqueline A. Lincer
Jacqueline A. Lincer (AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)456-0630

POST IN A PROMINENT PLACE

SCHEDULE A
CALIFORNIA HOSPITAL DISCLOSURE REPORT
SERVICES INVENTORY

LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER

DATE PREPARED: 03/03/2006

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
005 INTENSIVE CARE SERVICES	MICROBIOLOGY	1 DENTAL 2
010 BURN	3 NECROPSY	1 DERMATOLOGY 1
015 CORONARY	1 SEROLOGY	1 DIABETES 1
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE 2
025 NEONATAL	1 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY 2
030 NEUROSURGICAL	3 COMPUTED TOMOGRAPHY	1 GROUP THERAPY 2
035 PEDIATRIC	3 CYSTOSCOPY	1 HYPERTENSION 1
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	1 METABOLIC 1
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	1 NEUROLOGY 1
050 DEFINITIVE OBSERVATION CARE	1 ULTRASONOGRAPHY	1 NEONATAL 1
055 ACUTE CARE SERVICES	1 X-RAY - RADIOLOGY	1 OBESITY 1
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS 1
065 GERIATRIC	1 AUDIOLOGY	1 OPHTHALMOLOGY 1
070 MEDICAL	1 BIOFEEDBACK THERAPY	3 ORTHOPEDIC 2
075 NEONATAL	1 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY 1
080 ONCOLOGY	1 COBALT THERAPY	3 PEDIATRIC 1
085 ORTHOPEDIC	3 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY 1
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY 1
095 PHYSICAL REHABILITATION	1 ELECTROCARDIOLOGY	1 PSYCHIATRIC 2
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL 1
105 SURGICAL	1 ELECTROMYOGRAPHY	1 RHEUMATIC 1
107 TRANS INPAT CARE(ACUTE BEDS)	1 ENDOSCOPY	1 RURAL HEALTH 3
110 NEWBORN CARE SERVICES	2 GASTRO-INTESTINAL LABORATORY	1 SURGERY 1
115 DEVELOPMENTALLY DISABLED NURSERY CRE	1 HYPERBARIC CHAMBER SERVICES	3
120 NEWBORN NURSERY CARE	1 LITHOTRIPSY	2 HOME CARE SERVICES
125 PREMATURE NURSERY CARE	3 NUCLEAR MEDICINE	1 HOME HEALTH AIDE SERVICES 2
130 HOSPICE CARE	3 OCCUPATIONAL THERAPY	1 HOME NURSING CARE (VISITING NURSE) 2
135 INPATIENT CARE UNDER CUSTODY (JAIL)	3 PHYSICAL THERAPY	1 HOME PHYSICAL MEDICINE CARE 3
140 LONG-TERM CARE	3 PERIPHERAL VASCULAR LABORATORY	3 HOME SOCIAL SERVICES CARE 3
145 BEHAVIORAL DISORDER CARE	3 PULMONARY FUNCTION SERVICES	1 HOME DIALYSIS TRAINING 3
150 DEVELOPMENTALLY DISABLED CARE	3 RADIATION THERAPY	2 HOME HOSPICE CARE 2
155 INTERMEDIATE CARE	3 RADIUM THERAPY	2 HOME I.V. THERAPY SERVICES 2
160 RESIDENTIAL/SELF CARE	3 RADIOACTIVE IMPLANTS	2 JAIL CARE 3
165 SELF CARE	3 RECREATIONAL THERAPY	1 PSYCHIATRIC FOSTER HOME CARE 3
170 SKILLED NURSING CARE	3 RESPIRATORY THERAPY SERVICES	
175 SUB-ACUTE CARE		
177 SUB-ACUTE CARE - PEDIATRIC		
179 TRANS INPAT CARE(SNF BEDS)		
180 CHEMICAL DEPENDENCY - DETOX	3 SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	3 SPORTSCARE MEDICINE	3 ADULT DAY HEALTH CARE CENTER 3
190 DRUG	3 STRESS TESTING	1 AMBULATORY SURGERY SERVICES 1
195 CHEMICAL DEPENDENCY - REHAB	3 THERAPEUTIC RADIOISOTOPE	2 COMPREHENSIVE OUTPATIENT REHAB FAC 3

CODE

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SCHEDULE A

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

REPORT 2

DATE PREPARED: 03/03/2006

LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)	
200 ALCOHOL	3 X-RAY RADIOLOGY THERAPY	1 OBSERVATION (SHORT STAY) CARE	1
205 DRUG	3 PSYCHIATRIC SERVICES	1 SATELLITE AMBULATORY SURGERY CENTER	3
210 PSYCHIATRIC SERVICES	3 CLINIC PSYCHOLOGIST SERVICES	1 SATELLITE CLINIC SERVICES	3
215 PSYCHIATRIC ACUTE - ADULT	1 CHILD CARE SERVICES	2	
220 PSYCHIATRIC - ADOLESCENT AND CHILD	1 ELECTROCONVULSIVE THERAPY- (SHOCK)	3 OTHER SERVICES	
225 PSYCHIATRIC INTENSIVE (ISOLATION) CR	1 MILIEU THERAPY	3 DIABETIC TRAINING CLASS	1
230 PSYCHIATRIC LONG-TERM CARE	3 NIGHT CARE	2 DIETETIC COUNSELING	1
235	3 PSYCHIATRIC THERAPY	1 DRUG REACTION INFORMATION	1
240 OBSTETRIC SERVICES	3 PSYCHOPHARMACOLOGICAL THERAPY	1 FAMILY PLANNING	2
245 ABORTION SERVICES	2 SHELTERED WORKSHOP	3 GENETIC COUNSELING	2
250 COMBINED LABOR/DELIVERY BIRTHING RM	1 RENAL DIALYSIS	3 MEDICAL RESEARCH	2
255 DELIVERY ROOM SERVICE	1 HEMODIALYSIS	2 PARENT TRAINING CLASS	3
260 INFERTILITY SERVICES	1 HOME DIALYSIS SUPPORT SERVICES	2 PATIENT REPRESENTATIVE	3
265 LABOR ROOM SERVICES	1 PERITONEAL	2 PUBLIC HEALTH CLASS	3
270 SURGERY SERVICES	2 SELF-DIALYSIS TRAINING	3 SOCIAL WORK SERVICES	1
275 DENTAL	2 ORGAN ACQUISITION	3 TOXICOLOGY/ANTIDOTE INFORMATION	1
280 GENERAL	1 BLOOD BANK	1 VOCATIONAL SERVICES	3
285 GYNECOLOGICAL	2 PHARMACY	1 MEDICAL EDUCATION PROGRAMS	
290 HEART	2	1 APPROVED RESIDENCY	1
295 KIDNEY	2	1 APPROVED FELLOWSHIP	1
300 NEUROSURGICAL	2 EMERGENCY SERVICES	1 NON-APPROVED RESIDENCY	3
305 OPEN HEART	2 EMERGENCY COMMUNICATION SYSTEMS	2 ASSOCIATE RECORDS TECHNICIAN	3
310 OPHTHALMOLOGIC	1 EMERGENCY HELICOPTER SERVICE	1 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST	1
315 ORGAN TRANSPLANT	2 EMERGENCY OBSERVATION SERVICES	1 DIETETIC INTERN PROGRAM	1
320 ORTHOPEDIC	2 EMERGENCY ROOM SERVICES	1 EMERGENCY MEDICAL TECHNICIAN	3
325 OTOLARYNGOLIC	1 HELIPORT	2 HOSPITAL ADMINISTRATION PROGRAM	2
330 PEDIATRIC	1 MEDICAL TRANSPORTATION	2 LICENSED VOCATIONAL NURSE	3
335 PLASTIC	1 MOBILE CARDIAC CARE SERVICES	2 MEDICAL TECHNOLOGIST PROGRAM	3
340 PODIATRY	1 ORTHOPEDIC EMERGENCY SERVICES	1 MEDICAL RECORDS ADMINISTRATOR	1
345 THORACIC	1 PSYCHIATRIC EMERGENCY SERVICES	1 NURSE ANESTHETIST	3
350 UROLOGIC	1 RADIOISOTOPE DECONTAMINATION ROOM	1 NURSE PRACTITIONER	3
355 ANESTHESIA SERVICES	1 TRAUMA TREATMENT E.R.	1 NURSE MIDWIFE	3
360		3 OCCUPATIONAL THERAPIST	3
365 LABORATORY SERVICES	CLINIC SERVICES	1 PHARMACY INTERN	3
370 ANATOMICAL PATHOLOGY	1 AIDS	3 PHYSICIAN'S ASSISTANT	3
375 CHEMISTRY	1 ALCOHOLISM	1 PHYSICAL THERAPIST	3
380 CLINICAL PATHOLOGY	1 ALLERGY	1 REGISTERED NURSE	1
385 CYTOGENETICS	1 CARDIOLOGY	1 RESPIRATORY THERAPIST	3
390 CYTOLOGY	1 CHEST MEDICAL	1 SOCIAL WORKER PROGRAM	3
395 HEMATOLOGY	1 CHILD DIAGNOSIS		
400 HISTOCOMPATIBILITY	1 CHILD TREATMENT		
405 IMMUNOLOGY	1 COMMUNICABLE DISEASE		

CODE

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SCHEDULE A

License: 060000133
Effective: 05/08/2006
Expires: 05/07/2007
Licensed Capacity: 377

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department Of Health Services
to operate and maintain the following General Acute Care Hospital

LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER
14445 OLIVE VIEW DRIVE
SYLMAR, CA 91342

Bed Classifications/Services

297 General Acute Care
42 Intensive Care
32 Pediatric Services
29 Perinatal Services
24 Intensive Care Newborn Nursery
170 Unspecified General Acute Care
80 Acute Psychiatric (D/P)

Other Approved Services

Audiology
Basic Emergency
Nuclear Medicine
Occupational Therapy
Outpatient Services
Physical Therapy
Respiratory Care Services
Social Services

Approved Other Certifiable Parts

Prospective Payment System - Psychiatric Unit

LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER
14445 OLIVE VIEW DRIVE
SYLMAR, CA 91342

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
None

Sandra Shewry
DIRECTOR

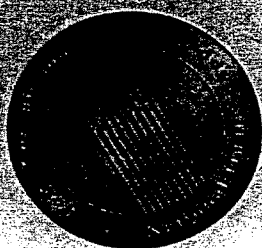
Jacqueline A. Lincer
Jacqueline A. Lincer (AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)456-0630

POST IN A PROMINENT PLACE

Olive View
UCLA Medical Center & Health Centers
Sylmar, CA

has been Accredited by the



Joint Commission
on Accreditation of Healthcare Organizations

Which has surveyed this organization and
found it to meet the requirements for accreditation

2005-2008

Fred L. Brown
Fred L. Brown
Chairman of the Board of Commissioners

David L. Brown
David L. Brown
President

The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided by health care organizations. Information about accreditation and the services provided by the Joint Commission is available at 1-800-994-6610. Information regarding accreditation and the services provided by the Joint Commission can be obtained through the Joint Commission's website at www.jointcommission.org.



CALIFORNIA HOSPITAL DISCLOSURE REPORT
SERVICES INVENTORY

DATE PREPARED: 01/05/2001

REPORT PERIOD END 06/30/2000

(2)

(3)

CLINIC SERVICES

005 INTENSIVE CARE SERVICES	LABORATORY SERVICES	CLINIC SERVICES
010 BURN	MICROBIOLOGY	1 DENTAL
015 DORONARY	6 NECROPSY	1 DERMATOLOGY
020 MEDICAL	2 SEROLOGY	1 DIABETES
025 MEDNATAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE
030 NEUROSURGICAL	6 DIAGNOSTIC IMAGING SERVICES	FAMILY THERAPY
035 PEDIATRIC	6 COMPUTED TOMOGRAPHY	1 GROUP THERAPY
040 PULMONARY	6 CYSTOSCOPY	1 HYPERTENSION
045 SURGICAL	2 MAGNETIC RESONANCE IMAGING	1 METABOLIC
050 DEFINITIVE OBSERVATION CARE	1 POSITRON EMISSION TOMOGRAPHY	6 NEUROLOGY
055 ACUTE CARE SERVICES	1 ULTRASONOGRAPHY	1 MEDNATAL
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	X-RAY - RADIOLOGY	1 OBESITY
065 GERIATRIC	6 DIAGNOSTIC/THERAPEUTIC SERVICES	OBSTETRICS
070 MEDICAL	1 AUDIOLOGY	1 OPHTHALMOLOGY
075 MEDNATAL	1 BIOFEEDBACK THERAPY	2 ORTHOPEDIC
080 ONCOLOGY	6 CARDIAC CATHETERIZATION	6 OTOLARYNGOLOGY
085 ORTHOPEDIC	6 COBALT THERAPY	6 PEDIATRIC
090 PEDIATRIC	1 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY
095 PHYSICAL REHABILITATION	1 ECHOCARDIOLOGY	2 PODIATRY
100 POST PARTUM	1 ELECTROCARDIOLOGY	1 PSYCHIATRIC
105 SURGICAL	6 ELECTROENCEPHALOGRAPHY	1 RENAL
107 TRANS INPAT CARE(ACUTE BEDS)	1 ELECTROMYOGRAPHY	1 RHEUMATIC
NEWBORN CARE SERVICES	6	
1 DEVELOPMENTALLY DISABLED NURSERY CRE	ENDOSCOPY	1 RURAL HEALTH
120 NEWBORN NURSERY CARE	6 GASTRO-INTESTINAL LABORATORY	1 SURGERY
125 PREMATURE NURSERY CARE	6 HYPERBARIC CHAMBER SERVICES	
130 HOSPICE CARE	6 LITHOTRIPSY	6 HOME CARE SERVICES
135 INPATIENT CARE UNDER CUSTODY (JAIL)	6 NUCLEAR MEDICINE	1 HOME HEALTH AIDE SERVICES
140 LONG-TERM CARE	6 OCCUPATIONAL THERAPY	1 HOME NURSING CARE (VISITING NURSE)
145 BEHAVIORAL DISORDER CARE	PHYSICAL THERAPY	1 HOME PHYSICAL MEDICINE CARE
150 DEVELOPMENTALLY DISABLED CARE	6 PERIPHERAL VASCULAR LABORATORY	1 HOME SOCIAL SERVICES CARE
155 INTERMEDIATE CARE	6 PULMONARY FUNCTION SERVICES	1 HOME DIALYSIS TRAINING
160 RESIDENTIAL/SELF CARE	6 RADIATION THERAPY	6 HOME HOSPICE CARE
165 SELF CARE	6 RADIUM THERAPY	6 HOME I.V. THERAPY SERVICES
170 SKILLED NURSING CARE	6 RADIOACTIVE IMPLANTS	6 JAIL CARE
175 SUB-ACUTE CARE	6 RECREATIONAL THERAPY	1 PSYCHIATRIC FOSTER HOME CARE
177 SUB-ACUTE CARE - PEDIATRIC	6 RESPIRATORY THERAPY SERVICES	
179 TRANS INPAT CARE(SNF BEDS)	6	
180 CHEMICAL DEPENDENCY - DETOX	6	
185 ALCOHOL	SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
190 DRUG	6 SPORTSCARE MEDICINE	6 ADULT DAY HEALTH CARE CENTER
195 CHEMICAL DEPENDENCY - REHAB	6 STRESS TESTING	2 AMBULATORY SURGERY SERVICES
	THERAPEUTIC RADIOISOTOPE	6 COMPREHENSIVE OUTPATIENT REHAB FAC

- 1 - SEPARATELY ORGANIZED, STAFFED, AND EQUIPPED UNIT OF HOSPITAL.
- 2 - SERVICE MAINTAINED IN HOSPITAL.
- 3 - SERVICE CONTRACTED BUT HOSPITAL BASED.
- 4 - SERVICE NOT MAINTAINED IN HOSPITAL BUT AVAILABLE FROM OUTSIDE CONTRACTS OR OTHER HOSPITAL.
- 5 - SERVICE NOT PROVIDED IN HOSPITAL BUT SHARED WITH ANOTHER HOSPITAL UNDER CONTRACT.
- 6 - SERVICE NOT AVAILABLE.
- 7 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)
- 8 - SERVICE AVAILABLE AT BUT NOT BILLED BY HOSPITAL.
- 9 - SERVICE AVAILABLE BUT NOT WITHIN HOSPITAL.

SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 01/05/2001

LANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

REPORT PERIOD END 06/30/2000

(1)		(2)		(3)	
200	ALCOHOL	6	X-RAY RADIOLOGY THERAPY	6	OBSERVATION (SHORT STAY) CARE
205	DRUG	6	PSYCHIATRIC SERVICES	1	SATELLITE AMBULATORY SURGERY CENTER
210	PSYCHIATRIC SERVICES		CLINIC PSYCHOLOGIST SERVICES	6	SATELLITE CLINIC SERVICES
215	PSYCHIATRIC ACUTE - ADULT	6	CHILD CARE SERVICES	6	
220	PSYCHIATRIC - ADOLESCENT AND CHILD	6	ELECTROCONVULSIVE THERAPY (SHOCK)	6	OTHER SERVICES
225	PSYCHIATRIC INTENSIVE (ISOLATION) CR	6	MILIEU THERAPY	6	DIABETIC TRAINING CLASS
230	PSYCHIATRIC LONG-TERM CARE	6	NIGHT CARE	1	DIETETIC COUNSELING
235			PSYCHIATRIC THERAPY	2	DRUG REACTION INFORMATION
240	OBSTETRIC SERVICES		PSYCHOPHARMACOLOGICAL THERAPY	2	FAMILY PLANNING
245	ABORTION SERVICES	6	SHELTERED WORKSHOP	6	GENETIC COUNSELING
250	COMBINED LABOR/DELIVERY BIRTHING RM	6	RENAL DIALYSIS	2	MEDICAL RESEARCH
255	DELIVERY ROOM SERVICE	6	HEMODIALYSIS	2	PARENT TRAINING CLASS
260	INFERTILITY SERVICES	6	HOME DIALYSIS SUPPORT SERVICES	6	PATIENT REPRESENTATIVE
265	LABOR ROOM SERVICES	6	PERITONEAL	1	PUBLIC HEALTH CLASS
270	SURGERY SERVICES		SELF-DIALYSIS TRAINING	6	SOCIAL WORK SERVICES
275	DENTAL	1	ORGAN ACQUISITION	1	TOXICOLOGY/ANTIDOTE INFORMATION
280	GENERAL	1	BLOOD BANK	6	VOCATIONAL SERVICES
285	GYNECOLOGICAL	1	EXTRACORPOREAL MEMBRANE OXYGENATION	6	
290	HEART	6	PHARMACY	1	MEDICAL EDUCATION PROGRAMS
295	KIDNEY	2		6	APPROVED RESIDENCY
300	NEUROSURGICAL	2	EMERGENCY SERVICES	6	APPROVED FELLOWSHIP
305	OPEN HEART	6	EMERGENCY COMMUNICATION SYSTEMS	6	NON-APPROVED RESIDENCY
310	OPHTHALMOLOGIC	2	EMERGENCY HELICOPTER SERVICE	6	ASSOCIATE RECORDS TECHNICIAN
3	ORGAN TRANSPLANT	6	EMERGENCY OBSERVATION SERVICES	6	DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
3	ORTHOPEDIC	1	EMERGENCY ROOM SERVICES	6	DIETETIC INTERN PROGRAM
325	OTOLARYNGOLOGIC	1	HELIPORT	6	EMERGENCY MEDICAL TECHNICIAN
330	PEDIATRIC	1	MEDICAL TRANSPORTATION	6	HOSPITAL ADMINISTRATION PROGRAM
335	PLASTIC	1	MOBILE CARDIAC CARE SERVICES	2	LICENSED VOCATIONAL NURSE
340	PODIATRY	6	ORTHOPEDIC EMERGENCY SERVICES	6	MEDICAL TECHNOLOGIST PROGRAM
345	THORACIC	6	PSYCHIATRIC EMERGENCY SERVICES	6	MEDICAL RECORDS ADMINISTRATOR
350	UROLOGIC	1	RADIOISOTOPE DECONTAMINATION ROOM	6	NURSE ANESTHETIST
355	ANESTHESIA SERVICES	1	TRAUMA TREATMENT E.R.	6	NURSE PRACTITIONER
360				6	NURSE MIDWIFE
365	LABORATORY SERVICES		CLINIC SERVICES	6	OCCUPATIONAL THERAPIST
570	ANATOMICAL PATHOLOGY	1	AIDS	6	PHARMACY INTERN
575	CHEMISTRY	1	ALCOHOLISM	6	PHYSICIAN'S ASSISTANT
580	CLINICAL PATHOLOGY	1	ALLERGY	6	PHYSICAL THERAPIST
585	CYTOGENETICS	6	CARDIOLOGY	1	REGISTERED NURSE
590	CYTOLOGY	2	CHEST MEDICAL	1	RESPIRATORY THERAPIST
595	HEMATOLOGY	2	CHILD DIAGNOSIS	1	SOCIAL WORKER PROGRAM
600	HISTOCOMPATIBILITY	6	CHILD TREATMENT	1	
605	IMMUNOLOGY	6	COMMUNICABLE DISEASE	2	

CODE

- 1 - SEPARATELY ORGANIZED, STAFFED, AND EQUIPPED UNIT OF HOSPITAL.
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- 5 - SERVICE NOT PROVIDED IN HOSPITAL BUT SHARED WITH ANOTHER HOSPITAL UNDER CONTRACT.
- 6 - SERVICE NOT AVAILABLE.
- 7 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)
- 8 - SERVICE AVAILABLE AT BUT NOT BILLED BY HOSPITAL.
- 9 - SERVICE AVAILABLE, BUT NOT USED DURING REPORTING CYCLE.

SCHEDULE A

License: 060000161
Effective: 03/31/2007
Expires: 03/30/2008
Licensed Capacity: 395

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California
and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department Of Health Services

to operate and maintain the following General Acute Care Hospital

LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR

7601 E. IMPERIAL HWY
DOWNEY, CA 90242

Bed Classifications/Services

395 General Acute Care
150 Rehabilitation Center
24 Intensive Care
221 Unspecified General Acute Care

Other Approved Services

Audiology
Dental Services
Nuclear Medicine
Occupational Therapy
Outpatient Services
Physical Therapy
Respiratory Care Services
Social Services
Speech Pathology

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
None

Sandra Shewry
DIRECTOR

Jacqueline A. Lincer
JACQUELINE A. LINCER, District Manager (AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and
Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)456-0630

POST IN A PROMINENT PLACE

Rancho Los Amigos National Rehabilitation Center

Downey, CA

has been Accredited by the



Joint Commission

on Accreditation of Healthcare Organizations

Which has surveyed this organization and
found it to meet the requirements for accreditation.

2003-2006



Bernard L. Hengesbaugh
Chairman of the Board of Commissioners



Dennis S. O'Leary, M.D.
President

The Joint Commission on Accreditation of Healthcare Organizations is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission's web site at www.jcaho.org.



SCHEDULE "B"

COUNTY FACILITIES

COUNTY HOSPITALS

NOTE: (at any time should any of the following information change, or the location no longer be included in the control of the LAC Hospital and Health System, HOSPITAL shall notify PLAN immediately, and PLAN shall make appropriate changes necessary to implement that notice information).

Type of Facility: Acute Care Hospital
Facility Name: **Harbor/UCLA Medical Center**
Address: 1000 W. Carson Street
Torrance, CA 90509
Services Available: Primary Care, Specialty Care, Urgent Care, Emergency
Department and Inpatient Care
Telephone Number: (310) 222-2101

Type of Facility: Acute Care Hospital
Facility Name: **LAC + USC Healthcare Network**
Address: 1200 N. State Street
Los Angeles, CA 90033
Services Available: Primary Care, Specialty Care, Urgent Care, Emergency
Department and Inpatient Care
Telephone Number: (213) 226-6853

Type of Facility: Acute Care Hospital
Facility Name: **Martin Luther King, Jr. /Harbor Hospital**
Address: 12021 Wilmington Avenue
Los Angeles, CA 90059
Services Available: Primary Care, Specialty Care, Urgent Care, Emergency
Department and Inpatient Care
Telephone Number: (310) 668-5201

Type of Facility: Acute Care Hospital
Facility Name: **Olive View/UCLA Medical Center**
Address: 14445 Olive View Drive
Sylmar, CA 91342
Services Available: Primary Care, Specialty Care, Urgent Care, Emergency
Department and Inpatient Care
Telephone Number: (818) 364-3002

Type of Facility: Specialty Rehabilitation Hospital
Facility Name: **Rancho Los Amigos National Rehabilitation Center**
Address: 7601 E. Imperial Highway
Downey, CA 90242
Services Available: Specialty Rehabilitation Care
Telephone Number: (310) 940-7022

SCHEDULE "B"

COUNTY FACILITIES

COMPREHENSIVE HEALTH CENTERS (CHC)

1. Edward R. Roybal CHC
245 S. Fetterly Avenue
Los Angeles, CA 90022
(213) 780-2212
2. El Monte CHC
10953 Ramona Blvd.
El Monte, CA 91731
(818) 579-8302
3. H. Claude Hudson CHC
2829 S. Grand Avenue
Los Angeles, CA 90007
(213) 744-3677
4. Hubert H. Humphrey CHC
5820 S. Main Street
Los Angeles, CA 90003
(213) 846-4122
5. Long Beach CHC
1333 Chestnut Avenue
Long Beach, CA 90813
(562) 599-8636
6. Mid-Valley CHC
7515 Van Nuys Blvd.
Van Nuys, CA 91405
(818) 947-4000

SCHEDULE "B"

COUNTY FACILITIES

HEALTH CENTERS

Bellflower Health Center
10005 East Flower Street
Bellflower, CA 90706
(310) 804-8111

Family Health Center
1403 Lomita Blvd.
Harbor City, CA 90710

Torrance Health Center
2300 West Carson Street
Torrance, CA 90501
(310) 222-6571

Wilmington Health Center
1325 Broad Avenue
Wilmington, CA 90744
(310) 518-8800

Whittier Health Center
7643 South Painter Avenue
Whittier, CA 90602
(310) 907-3230

Curtis R. Tucker Health Center
123 West Manchester Blvd.
Inglewood, CA 90301
(310) 419-5362 or 5325

Dollarhide Health Center
1108 North Oleander Street
Compton, CA 90221
(310) 603-7036

South Health Center
1522 East 102nd Street
Los Angeles, CA 90002
(213) 563-4053

SCHEDULE "B"

COUNTY FACILITIES

HEALTH CENTERS

Central Health Center
241 North Figueroa Street
Los Angeles, CA 90012
(213) 240-8204

Hollywood/Wilshire Health Center
5205 Melrose Avenue
Los Angeles, CA 90038
(213) 871-4311

Ruth Temple Health Center
3834 South Western Avenue
Los Angeles, CA 90062
(213) 730-3507

La Puente Health Center
15930 Central Avenue
La Puente, CA 91744
(818) 968-3711

Monrovia Health Center
330 West Maple Avenue
Monrovia, CA 91016
(818) 301-4003

Pomona Health Center
750 South Park Avenue
Pomona, CA 91766
(909) 620-3494

Antelope Valley Health Center
335-B East Avenue K-6
Lancaster, CA 93535
(805) 723-4511

Glendale Health Center
501 North Glendale Avenue
Glendale, CA 91206
(818) 500-5762

SCHEDULE "B"

COUNTY FACILITIES

HEALTH CENTERS

North Hollywood Health Center
5300 Tujunga Avenue
Tujunga, CA 91206
(818) 766-3981

Pacoima Health Center
13300 Van Nuys Blvd.
Pacoima, CA 91331
(818) 896-1903

Lake Los Angeles Community Clinic
16921 E. Avenue O, (Space G)
Los Angeles, CA 93535
(661) 945-8508

Littlerock Community Clinic
8201 Pearblossom Hwy.
Littlerock, CA 93543
(661) 945-8488

South Valley Health Center
38350 40th Street
East Palmdale, CA 93552
(661) 272-5001

Multi-System Ambulatory Care Center (MACC)
44900 N. 60th Street
Lancaster, CA 93536
(661) 945-8461

**BLUE CROSS OF CALIFORNIA – COUNTY OF LOS ANGELES PROPOSED RATES
SCHEDULE C**

INPATIENT MEDICAL SERVICES	
MEDICAL / SURGERY (Per Diem)	
PEDIATRICS (Per Diem)	
OBSTETRICS (Vaginal Delivery) One Day stay Two Day stay Three Day stay Per Diem after fourth day Well baby included	
OBSTETRICS (Caesarian Section) One Day thru Five Day stay Day six and after, additional (per diem) Well baby included	
INTENSIVE CARE UNIT (ICU) Per Diem	
Trauma Transitional Care Unit	
TRAUMA RATE (Rev Code 208) (a)	
CORONARY CARE UNIT (CCU) Per Diem	
DIRECT OBSERVATION UNIT (DOU) Per Diem	
OB SPECIALTY CARE NURSERY (NICU) LEVELS I (Rev Code 172) & II (Rev Code 173) (Per Diem)	
NEONATAL INTENSIVE CARE UNIT (NICU) (Rev Code 174) Per Diem	
BOARDER NURSERY (Per Diem)	
ACUTE REHABILITATION (RLANRC) Per Diem	
SPECIALTY SURGERY (RLANRC) Per Diem (b)	
OPEN HEART SURGERY (Up to 7 days) Includes Cardiac Catherization	
BURN UNIT (LAC + USC) Per Diem	

**BLUE CROSS OF CALIFORNIA – COUNTY OF LOS ANGELES PROPOSED RATES
SCHEDULE C**

OUTPATIENT SERVICES (Rendered in the following Venues)	
EMERGENCY ROOM (Rev Code 450)	
OUTPATIENT SURGERY (Rev Code 510)	
URGENT CARE (Rev Code 456)	
SPECIALTY CLINIC SERVICES (Rev Code 519)	
PRIMARY CARE CLINICS (Rev Code 510)	

Rates are billed all-inclusive and include physician services

Except in the case where DME, prosthetics, implants, orthotics or drugs are used and the actual cost of the item exceeds \$500 per day or per dose. In such cases, BLUE CROSS will pay the invoice cost of the item plus 5% in addition to the above negotiated rates.

Note: Covered billed charges as defined by section 2.1 of the agreement to include services that are within the patients benefit according to the Health Services Contract.

- (a) The Trauma per diem rate applies to an approved and Medically Necessary trauma admission to a license acute inpatient facility that has been designated as a "Trauma Facility" under Health and Safety Code 1798.160 (b), where the patient was admitted to the facility and the trauma response team was activated. Payment for the Trauma rate is based on Revenue Code 208. BLUE CROSS reserves the right to update the code(s) included in this rate based on the introduction of new code(s), the deletion of code(s) or changes in technology. The per diem rate applies for the first mutually agreed upon day that the patient remains inpatient in the facility. Any approved and medically necessary days thereafter will be reimbursed at the mutually agreed upon per diem.
- (b) HOSPITAL will be paid per diem when the claim is presented. HOSPITAL must then collect the appropriate support documentation to show the date the Specialty Surgery was performed, and submit to PLAN for reconsideration and adjustment. PLAN shall pay (for the surgery date only) the 60% of Covered Billed Charges less the per diem already paid on the claim. All other dates of service associated with the admission shall be paid at the appropriate per diem. Specialty Surgery must be prior approved by PLAN and is limited to the surgery described on Schedule C-1 attached and incorporated herein by reference.

SCHEDULE C-1
Specialty Surgery Defined

ICD 9 CODES FOR SPECIALTY SURGERY
AT RANCHO LOS AMIGOS NATIONAL
REHABILITATION CENTER

46.22	CONTINENT ILEOSTOMY
49.04	PERIANAL EXCISION NEC
49.6	EXCISION OF ANUS
57.87	BLADDER RECONSTRUCTION
58.43	CLOSE URETH FISTULA NEC
59.79	URIN INCONTIN REPAIR NEC
77.49	BONE BIOPSY NEC
80.95	EXCISION OF HIP NEC
83.12	ADDUCTOR TENOTOMY OF HIP
83.5	BURSECTOMY
83.77	MUSCLE TRNSFR/TRANSPLANT
83.82	MUSCLE OR FASCIA GRAFT
84.12	AMPUTATION THROUGH FOOT
84.14	AMPUTAT THROUGH MALLEOLI
84.15	BELOW KNEE AMPUTAT NEC
84.16	DISARTICULATION OF KNEE
84.17	ABOVE KNEE AMPUTATION
84.18	DISARTICULATION OF HIP
84.3	AMPUTATION STUMP REVIS
86.22	EXCIS DEBRIDEMNT WOUND
86.4	RADICAL EXCIS SKIN LES
86.7	PEDICLE GRAFT/FLAP NOS
86.72	PEDICLE GRAFT ADVANCEMEN
86.75	REVISION OF PEDICLE GRAFT
86.89	SKIN REPAIR PLASTY NEC
86.93	INSERT SKIN TISSUE EXPANDER

SCHEDULE D

LINGUISTIC SERVICES

HOSPITAL shall provide the following linguistic services in accordance with State and Federal law:

Facility

Service

Plan for providing such services(s)

(Specified plan to be provided by HOSPITAL as requested)

SCHEDULE E

HOSPITAL LIABILITY INSURANCE

HOSPITAL shall maintain hospital professional liability insurance and general liability insurance in the minimum amounts of one million dollars (\$1,000,000) per person and three million dollars (\$3,000,000) per occurrence coverage for its agents and employees, as applicable. In the event HOSPITAL procures a claims made policy as distinguished from an occurrence policy, HOSPITAL shall procure and maintain prior to termination of such insurance continuing "tail" coverage, unless successor policy coverage provides such "tail" protection. HOSPITAL shall provide PLAN with evidence of self insurance coverage upon PLAN'S request. HOSPITAL shall immediately notify PLAN of any material changes in insurance coverage and shall provide a certificate of such insurance coverage to PLAN upon PLAN'S reasonable request.

In the event HOSPITAL contracts with physicians, hospitals and other providers to provide Covered Services under this Agreement, HOSPITAL will require such contractors and their agents to maintain professional liability insurance and general liability insurance in the minimum amounts as is usual and customary in the community and shall verify the existence of such insurance. HOSPITAL shall provide a copy of a certificate or other evidence of such insurance for each such Provider to PLAN upon PLAN'S reasonable request.

SCHEDULE F

Blue Cross of California (Plan) Authorization for Inpatient Hospital Services Los Angeles County (LAC) Acute Hospital Facilities

1) Emergent Inpatient Hospital Admissions

- a. LAC Utilization Management (UM) facilities will report, via faxed face sheet or telephone call, to Blue Cross Utilization Management (UM) Department the admission of each Blue Cross member on the first business day following the admission or as soon as Blue Cross eligibility has been determined, including members who have been discharged.
 - Blue Cross business days/hours are:
 - Monday through Friday, excluding holidays,
 - 8:00 AM through 5:00 PM.
 - Telephone: (888) 831-2246. Fax: (866) 333-4826.
- b. Blue Cross UM will verify eligibility, notify the member's Independent Physician Association (IPA) of the admission and assign a length of stay (LOS) based on the patient's medical diagnosis. (Blue Cross will authorize one (1) day, and based on clinical information will extend the authorization as long as the clinical condition meets Industry Standard guidelines for inpatient hospitalization.)
- c. LAC UM will provide clinical information via fax or telephone call on the last approved day, as allowed in "b" above.
- d. Blue Cross UM will acknowledge receiving the concurrent review information with a telephone call to the LAC UM Department (see Attachment I) and indicate the additional number of days and level of care approved and the next review date within twenty-four (24) hours of notification (or next business day).
 - If the information given is insufficient to make an authorization decision, Blue Cross UM will call LAC UM and specify the exact information needed.
 - If the information given does not justify inpatient hospital services, Blue Cross' Medical Director or designee will discuss the case with LAC's Attending MD or the Resident Physician in charge prior to denying the inpatient hospital service.
 - If Blue Cross' Medical Director or designee cannot contact the LAC Physician, please notify LAC UM Director.
- e. LAC UM will provide review update on the day specified by Blue Cross UM.
- f. If information is not obtained, Blue Cross UM will re-request the review. After two (2) requests for information, Blue Cross UM will issue a denial.
 - No telephone review will be accepted after a denial has been issued.
 - LAC UM will send the medical record **within 30 days** (without the claim), including the completed Inpatient Issues Log (Attachment II) to Health Services Administration (HSA), Room 527, Attention: Head Special Project Unit via LA County Messenger marked "Retro Review".
 - LAC HSA will forward the medical record without the claim to Blue Cross Claims Customer Service Department to process for retrospective review. Retrospective reviews without a claim must have medical records submitted to Blue Cross within forty-five (45) working days from the date of discharge. If clinical information is not received by the forty-fifth (45th) day from the discharge date, a denial will be issued due to lack of information to support inpatient admission/stay.
- g. LAC UM will advise Blue Cross UM of the discharge needs for their members, including specialist follow-up, home RN visits, Durable Medical Equipment (DME), etc.

SCHEDULE F

Blue Cross of California (Plan) Authorization for Inpatient Hospital Services Los Angeles County (LAC) Acute Hospital Facilities

- h. Blue Cross UM will coordinate the authorization and scheduling of the services needed, provide the authorization information and vendor contact information to LAC UM. Additionally, Blue Cross UM will coordinate with their IPAs the authorizations for ALL discharge needs and the scheduling of ALL discharge equipment.
- i. One (1) post-hospital clinic visit will be allowed without prior authorization for **follow-up treatment after hospitalization** or for OB postpartum follow-up.
- J. LAC UM will obtain prior authorization for all subsequent LAC clinic visits for post-inpatient services.
- k. Post-hospital clinic visits for post-operative cases (including burns) will be allowed without prior authorization during the global period. Reimbursement for these visits is included in the global payment for the surgery.
- l. Global period is defined: as all post-operative follow-up visits related to the surgery or the burn.

2) Elective/Scheduled Inpatient Hospital Admissions

- a. LAC UM will obtain Blue Cross UM authorization prior to elective admissions via telephone or fax.
Blue Cross business days/hours are:
 - Monday through Friday, excluding holidays,
 - 8:00 AM through 5:00 PM.
 - Telephone: (888) 831-2246. Fax: (800) 754-4708.
- b. Elective admissions without prior authorization by Blue Cross UM will not be authorized retrospectively, except in cases where:
 - 1. Blue Cross eligibility can't be determined at the time of service,
 - 2. A subsequent DHS notice of retrospective Blue Cross enrollment is received after the date of service.
- c. For scheduled admissions, Blue Cross UM will provide prior authorization and assign a Length of Service (LOS).
- d. LAC UM will provide clinical information via fax or telephone call to Blue Cross UM on the assigned next review date.
- e. Blue Cross UM will acknowledge receiving the concurrent review information with a telephone call to the LAC UM Department and indicate the number of days and level of care approved and the next review date.
 - If the information given is insufficient to make an authorization decision, Blue Cross UM will call LAC UM and specify the exact information needed.
 - If the information given does not justify inpatient hospital services, Blue Cross' Medical Director or designee will discuss the case with the LAC Attending Physician or the Resident Physician in charge, prior to denying continued inpatient hospital service.
 - If Blue Cross' Medical Director or designee cannot contact the LAC Physician, please notify LAC UM Director prior to issuing a denial.
- f. LAC UM will provide review update on the day specified by Blue Cross UM.

SCHEDULE F

Blue Cross of California (Plan) Authorization for Inpatient Hospital Services Los Angeles County (LAC) Acute Hospital Facilities

- g. If information is not provided, Blue Cross UM will re-request the review. Blue Cross will request the information for two (2) consecutive days while the patient is inpatient. If after two (2) requests for information, and information is not received, Blue Cross UM will issue a denial.
- h. A telephone review will not be accepted after a denial has been issued.
- i. LAC UM will deliver the medical record including the complete Inpatient Issues Log (without the claim); including the number of days and level of care requested, to Health Services Administration, Room 527, Attention: Head Special Projects Unit via L.A. County Messenger marked "Retro Review".
- j. LAC UM will advise Blue Cross UM of discharge needs for their members, including specialist follow-up, home RN visits, DME, etc.
- k. Blue Cross UM will coordinate the authorization and scheduling of the services needed, provide the authorization information and vendor contact information to LAC UM. Additionally, Blue Cross UM will coordinate with their IPAs the authorizations for ALL discharge needs and the scheduling of ALL discharge equipment.
- l. LAC UM will include the names of the vendors and their telephone numbers in the written discharge instructions that are given to the member.
- m. One (1) post-hospital clinic visit will be allowed without prior authorization for follow-up treatment after hospitalization or for OB postpartum follow-up.
- n. Post-hospital clinic visits for surgical cases will be allowed without prior authorization during the global period. Reimbursement for these visits is included in the global payment for surgery.
- o. Global period is defined: as all post-operative follow-up visits related to the surgery or the burn.
- p. LAC will obtain prior authorization for all subsequent LAC clinic visits for post-inpatient services.

Inpatient Variances

3) Pre-Op Days, Awaiting Operating (OR) Time

- a. LAC UM will notify Blue Cross UM whenever the Length of Stay (LOS) is extended due to Operating Room (OR) unavailability. At that time, LAC UM will request Blue Cross UM to transfer the patient to another facility.

4) Members with California Children's Services (CCS) Eligible Medical Conditions

- a. LAC UM will make its best effort to make timely referrals to CCS for each Blue Cross member, inpatient or outpatient, who has a potential CCS eligible medical condition.
- b. If the LAC facility is NOT CCS paneled for the medical services required by the members, LAC UM will coordinate the transfer to the appropriate paneled facility with the CCS Case Manager.
- c. If CCS opens the case and the LAC facility is paneled for the level of care, transfer will not be required.

SCHEDULE F

Blue Cross of California (Plan) Authorization for Inpatient Hospital Services Los Angeles County (LAC) Acute Hospital Facilities

- d. LAC UM and Blue Cross UM will share knowledge of open CCS cases when these members are admitted as inpatients to LAC facilities or when these members receive outpatient services.
- e. If CCS denies inpatient or outpatient service because of non-timely referral or because of non-paneled status, Blue Cross UM will not authorize the service.

5) Members with open CCS cases

- a. LAC UM will make its best effort to make timely referrals to CCS for each Blue Cross member, inpatient or outpatient, who has a potential CCS eligible condition.
- b. LAC UM and Blue Cross UM will share knowledge of open CCS cases when these members are admitted as inpatients to LAC facilities or when these members receive outpatient services.
- c. If the LAC facility is not CCS paneled for the medical services required by the members, LAC UM will coordinate the transfer to the appropriate paneled facility with the CCS case manager.
- d. If CCS denies inpatient or outpatient services because of non-timely referral or because of non-paneled status, Blue Cross UM will not authorize the services.

6) Incarcerated Members, Members in Law Enforcement Custody

- a. LAC UM will report to Blue Cross UM, at the time of service, all inpatient admissions of Blue Cross members who are incarcerated or in custody of a law enforcement agency.
- b. Blue Cross UM will not authorize inpatient hospital services for incarcerated or in custody members. These members are not eligible for coverage by Blue Cross and will be disenrolled effective the date of incarceration/custody. Blue Cross will issue a denial letter for the effective date of inpatient services.
- c. LAC UM will bill the respective law enforcement agency.

7) Foster Care Members

- a. LAC UM will report to Blue Cross UM, at the time of service, all inpatient Blue Cross members who are currently in the county's protective custody for foster care or who are awaiting protective custody determination for foster care placement.
- b. These members are not eligible for coverage by Blue Cross and will be disenrolled effective the date of the protective custody decision. Blue Cross will issue a denial letter for the effective date of inpatient services.
- c. LAC UM will bill the Department of Children and Family Services (DCFS).

8) Member's Assigned to Medical Groups or IPA's Under a Risk Agreement

- a. Blue Cross claim system will automatically deny a claim as not Plan's Financial Responsibility for services that are determined to be the financial responsibility of the

SCHEDULE F

Blue Cross of California (Plan) Authorization for Inpatient Hospital Services Los Angeles County (LAC) Acute Hospital Facilities

- relevant IPA or Medical Group; a denial letter will be automatically generated to the Hospital.
- b. LAC will monitor denied claims where the reason for denial is "Not the Plan's Financial Responsibility". LAC will notify Blue Cross on a monthly basis with a report of the claims that were denied for this reason.
 - c. Blue Cross will confirm the denial status of the reported claims and provide LAC within 15 working days the responsible payor information which will include: name, billing address, telephone number and contact person for the entity. Blue Cross will also send notification of the denied claim to the at risk entity with a reminder of the timely payment requirements as defined in section 7.05 of the Blue Cross Medical Services Agreement.
 - d. LAC will bill the at-risk entity and monitor for payments. If the responsible at-risk entity fails to pay the claim, LAC will notify Blue Cross of the failure to pay.
 - e. Blue Cross will implement the claim payment process outlines in Section 7.05 of the Blue Cross Medical Services Agreement.

CFOSTER\Blue Cross Schedule F revised 05/23/07

2		3 PATIENT CONTROL NO.	
6 FED TAX NO.		7 COVD.	8 ACD.
9 C-ID.		10 L-RD.	
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12 PATIENT NAME		13 PATIENT ADDRESS	
14 BIRTHDATE	15 SEX	16 MR	17
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EXHIBIT II

FEE-FOR-SERVICE
CONTRACT NO. H-213078-1

AGREEMENT FOR PROVISION OF HEALTH CARE SERVICES

MEDI-CAL MEMBERS

Amendment No. 1

THIS AMENDMENT for Provision of Health Care Services is
made and entered into this _____ day of _____, 2007

between COUNTY OF LOS ANGELES
(hereinafter referred to as
"County"),

and CARE 1ST HEALTH PLAN
(hereinafter referred to as
"Contractor").

WHEREAS, reference is made to that certain document
entitled "FEE-FOR-SERVICE MEDI-CAL MEMBERS AGREEMENT FOR
PROVISION OF HEALTH CARE SERVICES BY COUNTY", dated October 2,
2001, and further identified as County Agreement H-213078 and
all amendments thereto (all hereafter "Agreement");

WHEREAS, the parties wish to extend the Agreement, and

WHEREAS, the Agreement provides that changes to its term
terms may be made in the form of a written amendment which is
formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective July 1, 2007, and shall continue on a month-to-month basis not to exceed six months, through December 31, 2007, unless terminated earlier pursuant to the provisions of this Agreement.

2. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its

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Director of Health Services, and Contractor has caused this Agreement Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

CARE 1ST HEALTH PLAN
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By: _____
Cara O'Neill, Chief
Contracts and Grants

LN
5/17/07